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Review of the achievements in the implementation and results of the World Declaration on the Survival, Protection and Development of Children and Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s

We the Children: End-decade review of the follow-up to the World Summit for Children

Report of the Secretary-General

Summary

The present report, which is to be considered by the Preparatory Committee for the Special Session of the General Assembly on Children at its third session, in June 2001, as well as by the General Assembly at the special session itself, in September 2001, has been prepared in response to General Assembly resolutions 51/186, 54/93 and 55/26. In accordance with resolution 54/93, the report comprises a review of the implementation and results of the World Declaration and Plan of Action, including appropriate recommendations for further action, which also elaborates on the best practices noted and obstacles encountered in the implementation as well as on measures to overcome those obstacles. It draws upon a wide range of sources, including the deliberations of the first two sessions of the Preparatory Committee; outcomes of regional processes; national reports on follow-up to the World Summit for Children; and reports on the end-decade review process submitted by United Nations and other international agencies and offices. It also draws upon earlier reports to the General Assembly and the Executive Board of the United Nations Children's Fund on follow-up to the World Summit for Children; reviews of progress in the implementation of commitments made at other major United Nations and international conferences; reports to the Committee on the Rights of the Child and other human rights institutions; and relevant non-governmental organization, donor and academic publications.

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Abbreviations

ARIS	acute respiratory infections
ASEAN	Association of South-East Asian Nations
BFHI	Baby-Friendly Hospital Initiative
CDC	Centers for Disease Control and Prevention (United States)
CEE	Central and Eastern Europe
CHWs	community health workers
CIS	Commonwealth of Independent States
CSO	civil society organization
DAC	Development Assistance Committee
DfID	Department for International Development
DPT3	three doses of combined diphtheria/pertussis/tetanus vaccine
ECCD	early childhood care and development
ECA	Economic Commission for Africa
ECD	early childhood development
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
ECOWAS	Economic Community of West African States
ECPAT	End child prostitution, child pornography and trafficking of children for sexual purposes
EFA	Education for All
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization of the United Nations
FDI	foreign direct investment
FGM	female genital mutilation
FRESH	Focusing resources for effective school health
GAVI	Global Alliance for Vaccines and Immunization
GMP	growth monitoring and promotion
GNP	gross national product
HIPCs	heavily indebted poor countries
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HFS	household food security

IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDDs	iodine deficiency disorders
IDPs	internally displaced persons
IDT	International development targets
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness (initiative)
IOM	International Organization for Migration
IPEC	International Programme on the Elimination of Child Labour
IUGR	intrauterine growth retardation
LBW	low birth weight
MCH	maternal and child health
MICS	multiple indicator cluster survey
MMR	maternal mortality ratio
MTCT	mother-to-child transmission
NIDs	National immunization days
NPAs	national plans (or programmes) of action
OAS	Organization of American States
OAU	Organization of African Unity
ODA	official development assistance
OECD	Organisation for Economic Cooperation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORS	oral rehydration solution
ORT	oral rehydration therapy
OSCE	Organization for Security and Cooperation in Europe
PRSP	Poverty reduction strategy paper
SAARD	South Asian Association for Regional Cooperation
SADC	Southern African Development Community
STDs	sexually transmitted diseases
TBA	traditional birth attendant
U5MR	under-five mortality rate
UCI	universal child immunization

UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCED	United Nations Conference on Environment and Development
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VII	Vaccine Independence Initiative
VAD	vitamin A deficiency
VCT	voluntary counselling and testing
WFP	World Food Programme
WHO	World Health Organization

Part one
We the Children

I. Introduction

1. We were all children once. And we all share the desire for the well-being of our children, which has always been and will continue to be the most universally cherished aspiration of humankind.

2. The United Nations itself was born out of this conviction, "... *determined to save succeeding generations from the scourge of war ... to reaffirm faith in fundamental human rights ... and to promote social progress and better standards of life in larger freedom*" (see Preamble to the Charter of the United Nations).

3. A little more than a decade ago, the largest group of world leaders ever convened sat down at an immense circular table at the United Nations and discussed, in frank and impassioned terms, their responsibilities to children — and about the future.

4. As the high-level conversation at the World Summit for Children showed, no two subjects are more intertwined. And there was no more dramatic affirmation of the centrality of children to our common future than the Summit's adoption of a set of specific, time-bound goals to ensure the survival, protection and development of children in the 1990s.

5. Proclaiming that "*there can be no task nobler than giving every child a better future*" (see World Declaration on the Survival, Development and Protection of Children, para. 25), the 71 heads of State and Government and 88 other senior delegates promised to protect children and to diminish their suffering; to promote the fullest development of the human potential of every child; and to make them aware of their needs, their rights and their opportunities. "*We do this*", the leaders declared, "*not only for the present generation, but for all generations to come*" (see World Declaration, para. 25).

6. In adopting the World Declaration on the Survival, Protection and Development of Children and Plan of Action for Implementing the Declaration (A/45/625, annex), world leaders promised something else of immense importance: that they would always put the best interests of children first — in good times and bad, whether in peace or in war, in prosperity or economic distress.

7. For those who were in New York in September 1990, the World Summit for Children was a transcendent experience. It was heightened by the fact that the Convention on the Rights of the Child (General Assembly resolution 44/25), adopted in 1989, had entered into force just weeks before, ratified more quickly and by more countries than any previous human rights instrument.

8. The dreams and aspirations of a better world for children were embodied in the Summit goals for child survival and development which, taken together, represented the clearest and most practical expression of much of what the Convention on the Rights of the Child is about.

9. The World Declaration and Plan of Action set out an ambitious but feasible agenda and specified that it be implemented by the year 2000. To this end, the Summit called for a series of actions at the national and international levels to

support the achievement of 27 specific goals relating to children's survival, health, nutrition, education and protection.

10. The Summit agenda was influenced by resolutions endorsed by the World Health Assembly, the World Conference on Education for All and the United Nations Children's Fund (UNICEF) Executive Board, as well as by policy statements by United Nations bodies, the Bretton Woods institutions and international non-governmental organizations. This broad ownership was to prove crucial in the follow-up process, as well as in the reaffirmation of the Summit goals by the other major Summits and Conferences of the 1990s.

11. It is often said that in many United Nations conferences, goals are ever set but never met, and that commitments on paper are rarely translated into action on the ground.

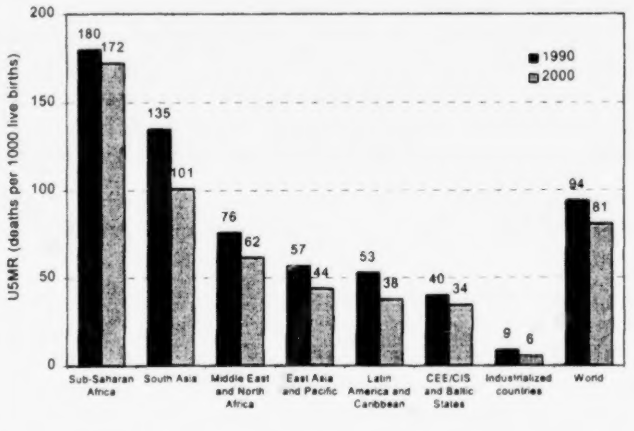
12. In a decade spanned by a succession of United Nations development summits and conferences, the World Summit for Children stands out not only because it was the first major gathering but because its systematic follow-up procedures and rigorous monitoring have left an indelible imprint — and more than a decade later, the list of Summit follow-up actions continues to grow.

13. These include the submission, by some 155 countries, of national programmes of action (NPAs) aimed at implementing the Summit goals; many have prepared subnational action plans as well. Over 100 countries have conducted monitoring surveys with the capacity-building support and active involvement of many United Nations agencies, multilateral and bilateral donors, universities, research institutions and NGOs.

14. Responding to the call of the Summit, a record 192 countries have now ratified or signed the Convention on the Rights of the Child. Moreover, the Secretary-General has reported periodically to the General Assembly on progress towards achieving the Summit goals, including a major mid-decade review in 1996. And each year since the Summit, UNICEF has prepared progress reports on the implementation of Summit goals and disseminated them through its flagship publications, *The Progress of Nations and The State of the World's Children*.

15. In 2000, a wide-ranging end-decade review process culminated in the preparation of substantive and comprehensive national progress reports by more than 130 countries. The breadth and quality of this follow-up response have greatly informed and enriched the present report, and made it possible to form objective assessments of the decade's achievements, its setbacks, and the lessons learned for the future. It should be noted that in many cases, these assessments are based on earlier data from yearly monitoring and other sources and do not fully reflect current statistical data from national end-decade reviews, much of which is only just now being received. However, work is continuing on a comprehensive set of updated global databases. These will be used to inform a statistical annex that UNICEF will distribute at the special session of the General Assembly on Children in September 2001.

Figure 1. Under-five mortality rate, change over period 1990-2000



Source: UNICEF.

16. Predictably, the picture that emerges from the available data is one of mixed results. There has been real and significant progress in a number of areas — perhaps much more than people tend to acknowledge in a world fraught with cynicism and skepticism. But there have also been setbacks, slippage and in some cases, real retrogression, some of it serious enough to threaten earlier gains.

17. On balance, there has been net progress and a good foundation has been laid for accelerating further progress in the coming decade to complete the unfinished agenda of the Summit for Children and to tackle some emerging issues that imperil the well-being of children in the twenty-first century.

18. On the positive side of the ledger, some 63 countries achieved the Summit goal of a one-third reduction in mortality among children under the age of five (U5MR); in over 100 countries, under-five deaths were cut by one fifth during the decade.

19. Deaths of young children from diarrhoeal diseases, one of the leading causes of under-five mortality in 1990, were reduced by 50 per cent in the course of the decade, thereby achieving a key Summit goal — and saving as many as a million young lives.

20. High and sustained levels of child immunization in most regions of the world have also continued to save millions of children. Indeed, there was continued overall progress in child survival, with 3 million fewer child deaths at the end of the decade than at the beginning. And although world population increased by 800 million during the decade, there were 13 million fewer children born in the year 2000 than in 1990 — a remarkable testimony to continuing progress in child survival and family planning.

21. The efforts of a global immunization partnership involving Governments, United Nations agencies, non-governmental groups and diverse elements of civil

society have brought polio to the brink of eradication, with a 99 per cent reduction in the number of reported polio cases in the world compared to a decade ago. And the success of national immunization campaigns in the developing world has facilitated the widespread provision of vitamin A supplements, which have sharply reduced severe forms of vitamin A deficiency, including blindness.

22. Worldwide, there are more children in school than ever before — and one result has been a rise in the adult literacy rate, from 75 per cent in 1990 to 79 per cent in 2000. After decades of precipitous decline, the life-sustaining practice of breastfeeding increased by one third in the 1990s. And because 1.5 billion additional people now have access to iodized salt, there has been dramatic progress in preventing iodine deficiency disorders (IDDs), the world's major cause of mental retardation, against which an estimated 90 million newborns are now protected every year.

23. Thanks to the heightened awareness of child rights stirred by the Convention on the Rights of the Child and its Optional Protocols, egregious violations are being systematically exposed and actions taken to overcome them. NGOs and the mass media are playing an increasingly active role in drawing public attention to special protection issues, which include hazardous and exploitative child labour, the trafficking and sexual abuse and exploitation of children, the impact of armed conflict on children, and other forms of violence, much of it gender-based.

24. Issues relevant to children are also being placed higher on national and global political agendas. Numerous national constitutions now include explicit provisions on children. National and local election campaigns are often dominated by child-related issues. At the United Nations, it is no longer just the UNICEF Executive Board or the Economic and Social Council that are preoccupied with children. The General Assembly has addressed children's issues, and the Security Council has formally acknowledged the centrality of the rights and well-being of children and women in the pursuit of international peace and security.

25. Indeed, the cause of children came of age at the Millennium Summit in 2000, which endorsed such specific goals as the reduction of maternal and under-five mortality, increases in primary school enrolment and the imperative of mounting effective worldwide campaigns against human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), malaria and other major infectious diseases.

26. But for all the millions of young lives that have been saved and all the futures that have been enhanced by action at the global, national and community levels, many of the survival and development goals set by the Summit, especially in the areas of health, nutrition and education, remain unfulfilled.

27. Over 10 million children still die each year, often from readily preventable causes. An estimated 150 million children are malnourished. Over 100 million are still out of school, 60 per cent of them girls. Moreover, the obstacles to achieving these promises have become more daunting over the years, presenting us with an increasing number of new challenges.

28. The World Summit for Children was held at the time of the end of the cold war and high hopes for a peaceful world, in which resources squandered in military expenditures might be available for development purposes. Unfortunately, the decade since the Summit has witnessed unprecedented levels of ethnic conflicts and

civil wars, in which children and women have become either direct targets or collateral victims. Perhaps more children have suffered from armed conflicts and violence since the Summit than at any comparable period in history.

29. The pandemic of HIV/AIDS has reached catastrophic proportions in several parts of the world, unravelling decades of gains in child survival and development, especially in sub-Saharan Africa. The disease is leaving millions of children orphaned as it kills teachers, health workers and other professionals who maintain and operate the vital infrastructure of society.

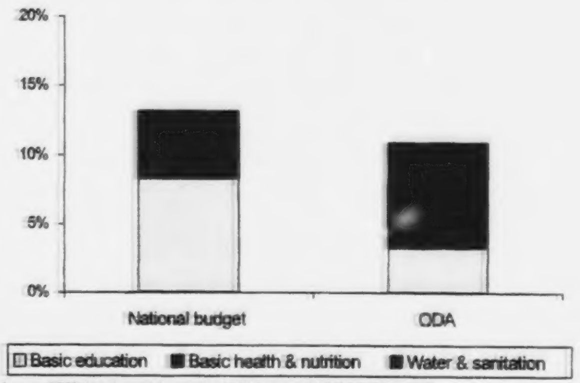
30. Indeed, chronic poverty remains the single biggest obstacle to meeting the needs and fulfilling the rights of children. At a time of unprecedented global prosperity and in a $30 trillion global economy, half of humanity is desperately impoverished, with 3 billion people subsisting on $2 a day or less. Of these, some 1.2 billion souls live in what the World Bank categorizes as absolute poverty, stripped of all human dignity as they struggle to survive on $1 a day in conditions of almost unimaginable suffering and want. Half of them are children.

31. At the same time, the gulf between rich and poor continues to widen. In the three and a half decades between 1960 and 1995, the disparity in per capita income between industrialized and developing countries has more than tripled.

32. Never in history have we seen such numbers. And never in the modern history of development cooperation have we seen overall aid to the world's neediest countries fall to levels as low as they have in recent years.

33. The world has fallen short of achieving most of the goals of the World Summit for Children, not because they were too ambitious or were technically beyond reach. It has fallen short largely because of insufficient investment.

Figure 2. Under-investment in basic social services



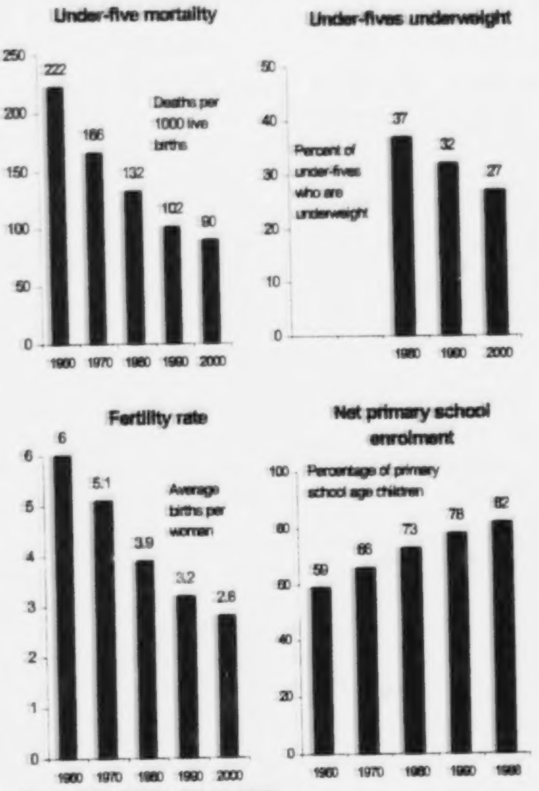
Source: *OECD Development Cooperation 2000 Report* and UNICEF/UNDP, 1998.

34. With a few honourable exceptions, developing countries devoted only about 12 per cent to 14 per cent of their national budgets to basic social services throughout the 1990s, while donors allocated only 10 per cent to 11 per cent of their declining aid budgets. These amounts fell far short of the minimum necessary to meet the most pressing needs of children in such areas as primary health care, nutrition, basic education, safe water and adequate sanitation.

35. Compared to what the world spends on armaments or luxury consumer items, the resources needed to provide for the basic needs of children are modest and affordable. Even with limited support, even the poorest countries of the world can afford to underwrite basic social services. Yet the missing ingredient is often not so much resources as an absence of vision, misplaced priorities and insufficiently committed leaders. That is why the special session of the General Assembly on children must inspire the vision, commitment and leadership that is needed to fulfil the promise of a better future for every child.

36. A decade is a short time in human history. While we can bemoan the slow pace of progress in these times of rapid-fire technological breakthroughs, it is worth recalling that the world has seen more gains against poverty in the last 50 years than in the last 500 — and more progress for children in the decade since the World Summit for Children than in any other period.

Figure 3. Progress in basics



Source: UNICEF, ACC/SCN, UNDP and UNESCO.
Refers to developing countries.

37. Under-five mortality in developing countries declined from 222 per 1,000 live births in 1960 to 90 per 1,000 in 2000. The proportion of children under five who were underweight was reduced from 37 per cent in 1980 to 27 per cent in 2000. The total fertility rate declined from 6.0 in 1960 to 2.8 in 2000; and net primary school enrolment increased from 59 per cent in 1960 to 82 per cent in 1998.

38. But this progress, substantial as it may appear, has been uneven. Recent improvements in data collection and monitoring have made it possible to conduct a more disaggregated assessment of progress by region, gender, rural-urban location and income. The picture that emerges is one of a polarized world characterized by significant disparities, not only among regions and countries but also within countries.

39. Yet the world now stands at the most opportune moment imaginable for reaching the remaining Summit goals — and for mobilizing a global alliance dedicated to achieving a breakthrough in human development based on specific actions for children.

40. The moment is especially opportune for a variety of reasons. The experience of the 1990s in implementing the World Summit goals and putting into practice the Convention on the Rights of the Child has generated many lessons for the future. We now know a great deal more about what must be done to guarantee the rights and well-being of children.

41. We know that a significant leap in human development is possible if we ensure that every child gets the best possible start in their early years, that every child receives a quality basic education and that adolescents get every opportunity to develop their capacities and participate meaningfully in society.

42. The knowledge, resources and strategies already exist to achieve these three outcomes for children — outcomes that are crucial first steps in breaking the endless cycle of global poverty, much of it occasioned by poor health and poor nutrition — poverty that has not only compromised the lives of countless numbers of children but also jeopardized the future of the very societies in which they live.

43. A decade after the World Summit, several things are apparent.

44. We have seen significant progress for children — but not enough. What we need now is action on a new level to achieve the commitments that were made at the World Summit for Children and to turn the principles of the Convention on the Rights of the Child into measurable benefits for children. Since 1990, the Summit goals have been endorsed at several international development conferences and by the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), the Organization of African Unity (OAU), the Association of Southeast Asian Nations (ASEAN) and many others.

45. But action requires leadership. Leadership can inspire and broaden the alliance of those working to meet children's basic needs and realize their rights. Building that alliance means enlisting the active support not only of established leaders but also of people of influence representing all civil society, from NGOs, religious groups and business and private enterprise to people's movements, academia and the media, community and grass-roots groups, families — and children themselves.

46. And to what does this alliance aspire? To building a world in which children survive and reach their full human potential, capable of living long and healthy

lives, in peace, dignity and with opportunities for learning, earning and participating in social, cultural and civic endeavours.

47. The present report shows that a future of promises kept and potential realized for every child is within reach. Together, leaders at every level of government and civil society must exert the political will necessary to bring about a decisive shift in national investments to favour the well-being of children. The special session of the General Assembly on children must be the juncture at which that first step is taken. But our real work — the work that will make a difference in the life of every child — will not be completed at the special session but in the years and decades to come — and for that, committed leadership and sustained commitment will be essential.

II. Children in the global context

48. "It was the best of times, it was the worst of times", wrote Charles Dickens in *A Tale of Two Cities*. And in many ways this applies to the last decade of the twentieth century as it affected children: with on the one hand a global economic boom, new political freedoms and technological marvels holding great promise for the youngest generation, and on the other a depressing continuation of ills familiar to humankind and deadly to children, the ills of unconquered poverty, unchecked disease, violence with impunity and increasingly obscene disparities in access to services and wealth.

49. The "good" and the "bad" of children's experiences across the globe are illustrated by several very mixed trends:

- Unprecedented global prosperity and financial and information linkages between countries — coupled with persistent poverty and rising disparities between rich and poor countries and within them, as the benefits of economic growth and the information revolution remained heavily concentrated among the better-off;
- Following the World Summit for Children and as reflected throughout the present report, growing international partnerships and successful action to eradicate major childhood diseases — simultaneously with rapid social devastation from the HIV/AIDS pandemic in large parts of sub-Saharan Africa and spread of the disease in other parts of the world;
- Some gains for women but persistent patterns of discrimination on the grounds of gender and against children;
- A rising awareness of children's rights, and of violations of these rights taking place — coupled with a large number of armed conflicts that disproportionately killed and injured children, the persistence of other forms of violence against children, and continued widespread exploitation of their bodies and labour;
- Some progress in the reduction in the burden of debt faced by poor countries, releasing some resources for investment in children, but a serious decline in international development assistance and a continued lack of emphasis on basic services in both aid and public spending;

- New opportunities created by the spread of democratic governance, increased decentralization and an expanded role in development for civil society, NGOs and the private sector;
- Continuing local and global environmental degradation, placing ever-greater numbers of children at risk of disease and increasing their vulnerability to natural disasters.

Global prosperity

50. The 1990s saw rapid growth in the global economy, especially in already wealthy and emerging economies, while painful adjustments were made in economies that had previously been centrally planned. But for most of the poorest countries and in sub-Saharan Africa, economic conditions stagnated or deteriorated. Economic growth benefits children in different ways: it generates income and employment for parents, reduces the risk of exploitation and helps to extend the provision of basic services and improve their quality. Weak or negative economic growth increases poverty and compromises the rights and well-being of children. The pattern of growth in the 1990s meant that those children who most urgently needed a share in global prosperity were often those least likely to obtain it.

51. In the developing world, for which the 1980s had been characterized as a "lost decade for development", economic growth accelerated overall. Latin America and the Caribbean and the Middle East and North Africa managed to accelerate regional growth rates in the 1990s. Growth in East Asia continued to be remarkably high up to 1997, and some parts of that region recovered quickly from the downturn following the financial crisis. South Asia registered a respectable level of economic growth for most of the 1990s, but not enough to bring about widespread reductions in poverty. Meanwhile, very few countries in sub-Saharan Africa registered positive growth per person, and in many countries already minimal incomes fell further. For those parts of the world, and for the children who inhabit them in disproportionate numbers, the 1990s were far from the best of times.

52. The decade was also difficult for Central Asia, Central and Eastern Europe (CEE), the Commonwealth of Independent States (CIS) and the Baltic States — one of painful transition from centrally planned to market-oriented economies, with a heavy short-term cost for children and women. The economic crises led to less government revenue, causing reductions in social sector budgets, unemployment and social dislocation, all of which affected the most vulnerable in society.

53. Where it occurred, economic growth was stimulated in the 1990s by rapid technological progress. Communication and transportation links expanded, leading to increased business opportunities and people-to-people contacts. Market-oriented reforms led to greater interaction and integration among actors in development, ranging from government institutions to corporations and businesses, from NGOs to professional associations and concerned individuals, both within and across national borders.

54. These agents of growth all participated in a trend that we came to call "globalization" and that, if well-directed, can bring great benefits for children. The challenge is now to realize these benefits and to involve children more fully in the process.

Box 1

Africa's children, everyone's future

Ten years ago, it was the children of Africa, of sub-Saharan Africa in particular, whose needs were most acute, and yet it is here that the least progress has been made. Sub-Saharan Africa is still the region with the highest child death rates — 17 per cent of newborns do not live to the age of five — and contains 9 of the 14 countries in the world where child mortality has actually increased. Sub-Saharan Africa has 10 per cent of the world's population, 70 per cent of the world's HIV/AIDS cases, 80 per cent of AIDS deaths and 90 per cent of AIDS orphans. In stark contrast to trends in other regions, today's southern African children can expect to live shorter lives than their grandparents.

Immunization coverage in sub-Saharan Africa has decreased overall since the World Summit for Children, and less than half of the region's children under one are fully immunized against diptheria, pertussis and tetanus (DPT). Despite progress achieved in a few countries, the total numbers of malnourished children have increased, and some 3.6 million babies (15 per cent) are born each year with low birth weight. While modest gains have been made in expanding access to improved water sources, families in sub-Saharan Africa have the poorest access to safe drinking water, and access to sanitation has remained static at 54 per cent. Meanwhile, the weakness of public health systems is reflected in the resurgence of major child-killers, such as malaria and cholera.

Maternal mortality is highest in this region, and women in sub-Saharan Africa face a 1 in 13 lifetime risk of dying during pregnancy and childbirth. Persistent patterns of gender discrimination, coupled with poverty and lack of investment in essential obstetric services, are among the contributing factors.

The net primary school enrolment rate rose from 54 per cent in 1990 to 60 per cent in 1998; however, this rate still remains the lowest of any region. Sub-Saharan Africa accounts for nearly 40 per cent of the world's children out of school, and no progress overall has been made in closing the gender gap in education. Children out of school are vulnerable — increasingly, it seems — to all forms of exploitation and abuse.

Some notable successes can be found in such areas as salt iodization and in tackling polio and Guinea worm disease, which have benefited from strong political leadership. The gradual spread of democracy, decentralization and information technology has helped broaden participation in development and has contributed to the emergence of a vibrant civil society. Reforms of health and education systems in such countries as Ethiopia, Ghana, Mali and Zambia, and initiatives to expand access to primary education in Malawi and Uganda, hold the promise of improved care and learning achievement. Determined efforts to transcend the legacy of apartheid in Namibia and South Africa and to reconstruct infrastructure and basic services in Mozambique have captured world attention. Major efforts for awareness-raising on

HIV/AIDS in Senegal and Uganda are now being emulated elsewhere. And yet the overall picture is of an impoverished continent, marginalized from the mainstream of world development.

The world must respond to the call of the Millennium Declaration (General Assembly resolution 55/2) by making a "first call" for the children of Africa. The African people deserve support and solidarity in their struggle for progress. This includes a reversal in the decline of official development assistance (ODA), a clearer focus of ODA on basic social services, wider market access for Africa's goods and deeper debt relief. But all this will not be enough without a clear lead from the continent itself: to take further the necessary reforms, to wage war on malaria and AIDS, to make armed conflict in Africa a thing of the past — outlawed and unthinkable — and to devote resources and energy instead, to investing in and protecting children as the embodiment of all our futures.

Renewed and lasting progress for Africa's children will depend on imaginative reform of public institutions and accountability in government, together with determined attention to gender equality and to tackling disparities. Bringing the HIV/AIDS pandemic under control is central to the effectiveness of key health interventions, the reduction of malnutrition, and securing rights to basic education and protection. Community and national efforts to find solutions to the plight of orphaned children deserve global support. As the *Millennium Report* (A/54/2000) has noted, nowhere is a global commitment to poverty reduction needed more than in Africa south of the Sahara, because no region of the world endures greater human suffering.

55. Technological innovations and the dismantling of trade barriers contributed to a phenomenal growth in global trade. World trade volume nearly doubled between 1990 and 2000. The international movement of capital expanded even more rapidly. Foreign direct investment (FDI) to developing countries rose about fivefold during the 1990s. By the end of the decade, FDI flows were three times larger than ODA, whereas ODA was twice the level of FDI at the start of the 1990s. Developing countries also gained greater access to international capital markets in the form of bonds and equities. However, most of the external resources remained concentrated in a dozen mostly middle-income countries.

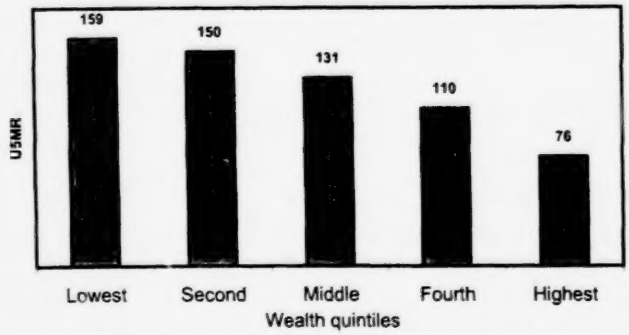
Growing disparities

56. Economic and social indicators give a good sense of development progress at the national level, but they hide wide disparities. Many disparities stem in turn from forms of discrimination that represent a direct violation of children's rights and involve children being excluded or left behind — even in the best of times.

57. Evidence suggests that disparities widened during the 1990s in a number of countries. That trend was observed not only in terms of income and wealth but also in terms of key social indicators, such as infant mortality, child malnutrition and primary education. In order to improve the focus of public policy and action, it is

vital to set goals not only for national-level improvements but also for disparity reduction — between girls and boys, between rural and urban families, between regions or districts, and between children from wealthy and poor households.

Figure 4. U5MR disparity by asset quintile



Source: UNICEF, weighted average of 43 countries, based on DHS data, mid-1990s.

58. There are disparities in child mortality between social groups in most countries. On average, a child from a family that belongs to the poorest 20 per cent of the population is at least twice as likely to die before age five as a child from a family in the richest 20 per cent. With higher fertility rates among poor families, this means that for every child who dies before age five in a rich family, at least three children die in poor families.

59. Clearly, countries can follow different routes towards achieving international development goals and targets. In the past, improvements in social indicators have often stemmed from changes for the upper and middle classes, while the poor lag behind, sometimes indefinitely. Progress, however, should be more equitable than this — and a focus on improving the situation of poor families and disadvantaged children offers the best promise for a nation to achieve lasting results in which all people share.

Persistent poverty

60. The persistence of extreme poverty was a core concern of the Millennium Summit, at which world leaders resolved to halve, by the year 2015, the proportion of the world's people whose income is less than $1 a day. Outside East Asia, the number of people in developing countries struggling to survive on less than $1 a day actually increased during the 1990s, by an average of about 10 million per year.

61. In a $30 trillion global economy, it ought to be unacceptable that some 40 per cent of the children in developing countries — about 600 million children — have to struggle to survive, eat and learn on less than $1 a day. Even in the world's richest countries, one in every six children, about 47 million, live below the national poverty line.

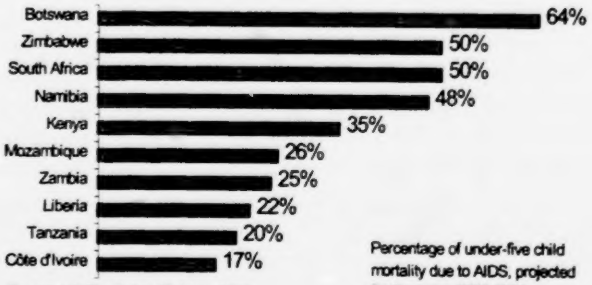
62. Children are hardest hit by poverty because it strikes at the very roots of their potential for development — their growing minds and bodies. There are stages in life when a child is either capable of growing in leaps and bounds — physically, intellectually and emotionally — or when he or she is particularly vulnerable to risks which lead to stunted growth, failed learning, trauma or death. If a child's cycle of growth and development is interrupted by poverty, this often turns into a handicap for life.

63. These challenges are widely recognized — and many Governments and most international development agencies now put poverty reduction and human potential at the top of their priorities. The recent years of global prosperity have provided the means to bring all children out of poverty and into the fulfilment of their potential. This is perhaps the best news from the 1990s. We now turn to the worst.

The HIV/AIDS pandemic

64. The Plan of Action adopted by the World Summit for Children foresaw that HIV/AIDS could offset gains made in child survival, protection and development in the most seriously affected societies. But few people in 1990 could imagine the magnitude of the pandemic's devastating effects.

Figure 5. AIDS and child mortality



Percentage of under-five child mortality due to AIDS, projected for the years 2000-2005

Source: UN Population Division, 1999

65. Many of the achievements in social and human development of the last half of the twentieth century are now at risk — and in large parts of sub-Saharan Africa are already being undone. By the end of 2000, the global HIV/AIDS catastrophe had claimed nearly 22 million lives. Life expectancies fell by an average of 18-23 years in the most affected countries, and infant and child mortality rates reversed their previous downward trend. Health services have been overwhelmed by AIDS patients. Schools — often already struggling to provide a decent education — have had to face rising deaths among teachers and absenteeism among students who must stay home to care for AIDS-affected relatives.

66. The impact on children is seen most dramatically in the rising numbers of AIDS orphans. By the year 2000, an estimated 10.4 million children currently under the age of 15 had lost their mother or both parents to AIDS, 95 per cent of them in sub-Saharan Africa. Faced with social stigma, isolation and discrimination, and deprived of basic care and financial resources, AIDS orphans are less likely to be

immunized, more likely to be malnourished, less likely to go to school and more vulnerable to abuse and exploitation.

67. The social profile of the AIDS pandemic has been gradually shifting. The impact of the disease has increasingly fallen upon the young and people who are illiterate and poor. In most countries, adolescent girls are now over-represented among the newly infected. AIDS is an epidemic of global proportions, but people who are young, poor and female are now its main victims. It is a disease deeply rooted in other challenges — poverty, ignorance and gender discrimination — and it wreaks its greatest havoc on those least able to cope with it.

68. A few countries openly confronted the pandemic in the 1990s and took energetic steps to combat it. They saw encouraging results. But elsewhere, public awareness efforts, school-based education and prevention initiatives were delayed for years. Children and young adults were among the main victims of this neglect and of the denial of the pandemic which often accompanied it. Decisive action must be taken now to prevent further increases in the parts of Africa, Asia, Eastern Europe and other regions that still have a relatively low incidence of HIV/AIDS.

Discrimination against women and children

69. The need for development to address disparities and discrimination based on gender was a central theme of the international conferences and global summits of the 1990s. There was understanding of the complementarity between women's rights and children's rights. Despite this, progress in the pursuit of gender equality was uneven, and discrimination continues to mark many dimensions of women's lives. The Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex) has become the second most ratified international convention, but also one with a high number of reservations by Governments. Despite some progress, lower enrolment and completion rates for girls persist in primary schools. While women have entered the labour force in ever-growing numbers, inequalities in income and access to productive resources have kept them at a disadvantage. Women have disproportionately borne the costs of economic crises and transitions, particularly where low priority has been given to social safety nets.

70. Maternal deaths, malnutrition and illness among females remain high in the poorest parts of the world, accompanied by an ever-increasing vulnerability to HIV/AIDS. Young and adolescent mothers are particularly at risk. Gender-based violence is still horribly common, and its forms include sex-selective abortion and female infanticide, relating to "son preference" in some cultures; female genital mutilation (FGM); so-called "honour" killings; domestic violence and abuse; sexual slavery, prostitution and trafficking; and the use of rape as a weapon of war. While Governments have enacted legal reforms in line with international standards and set up mechanisms to promote gender equality, discrimination is still found in national legislation, customary practices and attitudes towards women.

71. Although awareness and civic action to combat discrimination have grown, almost all societies are still marked by significant discrimination against both women and children — the two are often found together. Inequality of status and treatment on the basis of gender and age is often compounded by racial, ethnic, linguistic and religious biases and discrimination on the basis of HIV status, mental or physical ability and against refugees, immigrants and other non-citizens. These

multiple forms of disadvantage lead to inadequate legal protection for many children and women and to exclusion from mainstream services and family life. Thus, even in countries where the 1990s saw progress for most, many remained left behind, with overt and hidden forms of discrimination the most common cause.

Armed conflict, violence and exploitation

72. No child — even if she survives — can realize her potential in conditions of human strife. But throughout the 1990s, armed conflicts and other forms of violence posed major challenges to the rights and development of children. Entire generations are still growing up in the midst of brutal armed conflict and insecurity — fanned in many cases by those who profit from ethnic tension.

73. Conflicts not only killed more than two million children in the past decade but they also left many other millions disabled and psychologically scarred by experiences of terror. The consequences of conflict — displacement, insecurity and lack of access to children in need, as well as the destruction of social infrastructure and judicial systems — created huge and frequently insurmountable obstacles to the achievement of the goals adopted at the World Summit for Children. At the end of the decade, the situation was particularly dramatic for some 35 million internally displaced persons and refugees, of whom about 80 per cent were children and women.

74. Children in at least 68 countries live with the daily fear of landmines, and over 10,000 children are killed or maimed by mines every year. The arms and illicit drug trades — earning an estimated $800 billion and $400 billion, respectively — have flourished in the last 10 years and contribute to the proliferation of conflicts. The development of light and inexpensive weapons has made it easier for perpetrators to use children as soldiers and exploit them in the trafficking of arms and drugs.

75. In many of the countries in conflict, poverty is coupled with sharp ethnic or religious divides, weak governmental institutions, the violation of the rights of minority or disadvantaged groups and the misallocation of society's resources in favour of the elite. Graça Machel's ground-breaking report on the impact of armed conflict on children (see A/51/306 and Add.1), which was submitted to the General Assembly in 1996, provided a compelling assessment of the multiple ways in which children's rights are violated by the persistence of armed conflict.

76. Children are also the victims of abuse, neglect and exploitation in rising numbers. The magnitude of these phenomena has not, until recently, been given adequate attention in any region of the world. Sexual abuse occurs in the home, in communities and across societies. It is compounded when abuse takes place in a commercial setting. The worst forms of exploitation include commercial prostitution and child slavery, quite often in the guise of household domestic work. The trafficking of children, as well as women, for sexual exploitation, has reached alarming levels. An estimated 30 million children are now victimized by traffickers, so far largely with impunity.

77. Accidents, violence and suicide are the leading causes of death among adolescents. These are frequently related to alcohol and drug abuse, which often stem from alienation, social exclusion and the breakdown of the family, and the inadequacy of state protection mechanisms. These trends are part of wider violations that can enslave and crush young lives — including the dealing and selling of illegal

and dangerous drugs and narcotics, and the promotion of tobacco use among children and adolescents.

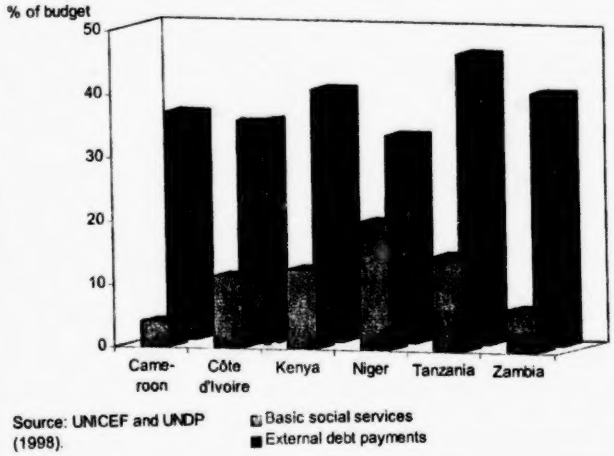
78. Two hundred and fifty million children between the ages of five and 14 are economically active, and the International Labour Organization (ILO) estimates that some 50 to 60 million are engaged in intolerable forms of labour. These children, who labour in homes, on plantations and in factories, are often among the millions who are deprived of contact with family, are not registered at birth and lack access to education or live on the streets.

Debt relief and international assistance

79. While the number of children has grown faster in poorer countries, such countries have faced not only the greatest share of conflicts but also the most serious resource constraints. The share of the least developed countries in the annual number of births increased from 17.7 per cent in 1990 to 20.7 per cent in 2000, and is projected to rise to 23.2 per cent by 2010. But many of these countries are heavily indebted, limiting their ability to invest in the development of their children.

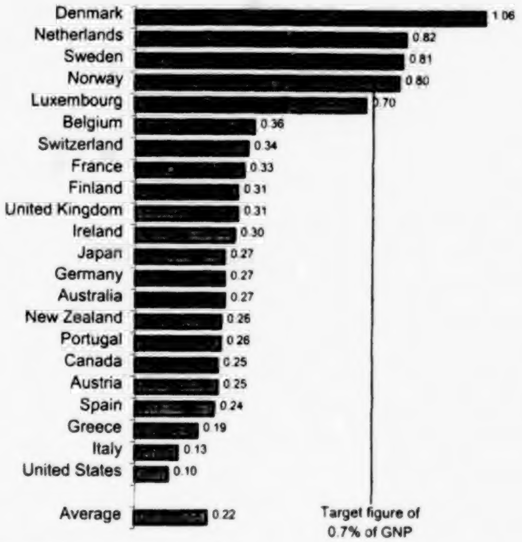
80. It is not uncommon for low-income countries to spend more — in some cases three to five times more — on external debt servicing than on basic social services. By the end of the 1990s, the 41 heavily indebted poor countries (HIPCs) owed about $205 billion in external debt, accounting for about 130 per cent of their combined gross national product (GNP). Due at least in part to heavy debt servicing, most of these countries under-invested in basic social services, making many of the goals set for 2000 unreachable. The practical results were seen in village clinics without medicines, school pupils without books or chairs, overflowing urban sewage systems, water pumps left unrepaired, and teachers and nurses paid too little to feed and clothe their families while working full time.

Figure 6. Debt and basic social services as percentage of budget



Source: UNICEF and UNDP (1998).

Figure 7. Official development assistance as a percentage of donor nation GNP, 2000



Source: OECD press release, 20 April 2001

81. The HIPC Initiative was launched in 1996 as the first comprehensive approach to reducing external debts of the world's poorest nations. By December 2000, 22 countries had become eligible for debt relief, with a commitment on the part of their creditors of $33.6 billion in debt relief. In a piece of good news and promise for children in some of the poorest countries, it is expected that — combined with traditional debt rescheduling and further bilateral debt forgiveness — external debt service payments will be reduced by one third in the next few years. Uganda, with increased spending on its primary schools, has already shown how debt relief can lead to immediate benefits for children.

82. Disappointingly, however, the international aid effort slackened for most of the 1990s. ODA reached an all-time low of 0.22 per cent of the combined GNP of developed countries in 1997 — a mere one third of the 0.7 per cent target agreed by the General Assembly some 30 years ago. After a minor increase in 1998 and 1999, it fell back to its 1997 level in 2000. Only four donor countries consistently achieved that target during the 1990s: Denmark, the Netherlands, Norway and Sweden. Most members of the Group of Seven Major Industrialized Countries markedly decreased the volume of their aid effort over the decade.

83. Moreover, the share of ODA allocated to education and health programmes — important for reaching many of the agreed goals and targets for children — changed little over the last decade. The share of ODA allocated to basic social services remained extremely low — at less than 11 per cent of total bilateral ODA. That is hard to understand, given the international consensus on the benefits of "investing in children". Nor were trends in country allocations encouraging. DAC reported that

between 1992 and 1997, the decline in assistance was steepest for the poorest countries — those with the highest rates of child mortality and the weakest provision of primary education, basic health care and safe drinking water. Overall, the trends in ODA for most of the 1990s have dimmed the hopes of many of today's children in poverty to share in global prosperity and technological advance — we hope temporarily.

Democratic governance and expanded role of civil society

84. The general decline in ODA in the 1990s — although not its inexplicable lack of focus on basic services — was linked by many observers to a loss of confidence in the quality of governance in many developing countries. The concern was reinforced by a poor record of investing in children in some poor nations themselves. A survey of 30 developing countries in the late 1990s found that, on average, only 12 to 14 per cent of government spending was on basic services.

85. While the lack of confidence among donors may have been justifiable at a broader level, it also ran the risk of creating a "double jeopardy" for many poor children: an inefficient or uncaring national government, coupled with a fall in international assistance and available resources. In any case, major progress was in fact made towards political democratization during the 1990s. South Africa ended apartheid in a peaceful way; Eritrea, Namibia and (prospectively) East Timor achieved independence; and many other countries implemented at least initial political reforms and held multiparty elections. The number of formal electoral democracies nearly doubled, from 76 in 1990 to 120 in 2000; they now contain about two thirds of the world's population.

86. Aiming to bring government closer to the people, many countries also initiated programmes of decentralization and made efforts to revive their local authorities. This has created opportunities and begun to pay dividends in at least some places, often those where bold local leaders have emerged. In such places, greater community participation, more transparent decision-making and procedures for accountability are enabling local governments and municipalities to serve people more effectively. In many countries, local authorities have developed plans and adopted targets specifically reflecting their responsibilities to children. The challenge for many countries is now to back these new roles and commitments with adequate resources — both financial and human.

87. The role of civil society organizations (CSOs) grew in public affairs at both the national and the international levels. CSOs proved their effectiveness in many countries in the 1990s as advocates for children and contributors to tracking children's progress and monitoring violations of their rights. Some have encouraged and nurtured new networks of community groups that work locally for children. International NGOs have complemented the development efforts of Governments and civil society, and have supported the growing involvement of national and local organizations in debates on economic policy and in action for reducing poverty.

88. If the community of nations is to make good on its decade-old promise to give every child a better future, all of us must join in common cause as never before — Governments, multinational organizations and civil society in all its diversity, including the private sector and the business community. Several corporations have responded to such calls, including those participating in the global compact of the Secretary-General. The United Nations system looks to the private sector as a key

source of funding for multilateral development assistance — the kind of assistance that has always sought to address basic human needs, beginning with poverty eradication and realizing the fundamental rights of the most vulnerable people, especially children. But it is also important to see the private sector in a more expansive context, as a source of knowledge and expertise for multilateralism.

89. Private and civil society involvement in the struggle for children's development is exemplified at the national level in the contributions of the Bangladesh Rural Advancement Committee and the Grameen Bank to basic education, women's progress and family livelihoods in South Asia, and regionally in the work of the Aga Khan Foundation in pre-school education and capacity-building in some of the poorest parts of the world. It is evident internationally in the role that Rotary International has played in the world campaign against polio, the Kiwanis service clubs against IDDS and the Lions Clubs International and Merck & Co. in the fight against onchocerciasis (river blindness); in the involvement of the Bill and Melinda Gates Foundation, the International Federation of Pharmaceutical Manufacturers Associations and the Rockefeller Foundation in the Global Alliance for Vaccines and Immunization (GAVI); and the support of Ted Turner to the United Nations in its fight against poverty and for human rights.

Environmental degradation

90. The United Nations Conference on Environment and Development (UNCED), held in 1992, ushered in a renewed awareness of global environmental trends and dangers, especially through the concept of a "global commons". As part of that renewal, it helped to make evident the special threats to children, adolescents and pregnant women of environmental contamination and pollution.

91. Despite progress in institution building, development of sound technologies, strengthened international cooperation and expanded partnerships following UNCED, environmental degradation continued over the decade. Population growth and urbanization, industrialization and wasteful patterns of consumption, and persistent poverty and disparities have all contributed to the trend. The threat of global warming has emerged as a major concern, and this may intensify such fatal threats to children as malarial mosquitoes.

92. Urbanization, deforestation and desertification have contributed to the growth in the numbers of people vulnerable to calamities — another risk that is closely associated with poverty. The particular risks to children are compounded by the effects of urban crowding on the quality of water and air — provoking such diseases as cholera, typhoid and respiratory infections — and the safety of the home and places of recreation. A number of these same areas are chronically prone to natural disasters, including drought, cyclones, earthquakes and hurricanes.

93. The humanitarian, human rights and political implications of such disasters, coupled with environmental hazards and conflict, make it imperative to find new strategies to ensure children's survival, protection and development in these high-risk environments. Children have the greatest stake in the success of today's leaders in meeting the grave challenges of environmental protection, which were recognized by the Millennium Summit. On this success rests, in considerable part, their survival and health in the uncertain times of today — and their prospects for development in the better times which, given global knowledge and prosperity, ought to characterize the decades to come.

Part two
Progress in implementation of the World Summit Declaration and Plan of Action

I. Health, nutrition, water and environmental sanitation

94. As long ago as 1978, the International Conference on Primary Health Care held in Alma Ata, Kazakhstan, provided a unifying framework that incorporated the right of all to health. It helped to shift the focus from curative to preventive interventions and from hospital care to community care and public health. It defined health broadly as both physical and psychosocial well-being and made clear that many of the determinants of health lie outside the health sector. Emphasis on the social determinants of health provided a basis during the 1980s for health sector efforts in water and sanitation, nutrition and food security, education, early child development and for children in especially difficult circumstances. The 1990 World Summit for Children saw the enhancement of children's health and nutrition as a first duty.

95. As detailed below, global and national health policies and strategies evolved further during the decade following the World Summit. As the decade progressed, the two-way relation between health and poverty was better understood. Just as low income is a contributing factor to poor health and malnutrition, so poor health, malnutrition and large family size are key reasons for the persistence of poverty. However, many developing countries and countries in transition from centrally planned to market economies found great difficulty in acting upon these insights. For the most part, they did not manage to focus their programmes and resources on the most disadvantaged children and families, or to put the experience of previous decades seriously into practice.

96. Four of the seven major goals and 20 of the supporting goals adopted by the World Summit for Children were in the closely related areas of health, nutrition, and water and environmental sanitation. A summary of gains and unfinished business from the 1990s is presented in the balance sheets provided below.

A. Child health

Box 2

Child health balance sheet

Goal	Gains	Unfinished business
Infant and under-five mortality: *reduction by one third in infant mortality and U5MR*	- More than 60 countries achieved the goal of U5MR.	- U5MR rates increased in 14 countries (nine of them in sub-Saharan Africa) and were unchanged in 11 others.
	- At the global level U5MR declined by 14 per cent.	- Serious disparities remain in U5MR within countries: by income level, urban vs. rural and among minority groups.
Polio: *global eradication by 2000*	- More than 175 countries are polio free.	- Polio is still endemic in 20 countries.
Routine immunization: *maintenance of a high level of immunization coverage*	- Sustained routine immunization coverage at 75 per cent (three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3)).	- Less than 50 per cent of children under one year of age in sub-Saharan Africa are immunized against DPT3.
Measles: *reduction by 95 per cent in measles deaths and 90 per cent in measles cases by 1995 as a major step to global eradication in the longer run*	- Worldwide reported measles incidence has declined by nearly two thirds between 1990 and 1999.	- In more than 15 countries, measles vaccination coverage is less than 50 per cent.
Neonatal tetanus: *elimination by 1995*	- 104 of 161 developing countries have achieved the goal.	- 27 countries (18 in Africa) account for 90 per cent of all remaining neonatal tetanus.
	- Deaths caused by neonatal tetanus declined by 50 per cent between 1990 and 2000.	
Deaths due to diarrhoea: *reduce them by 50 per cent*	- This goal was achieved globally, according to World Health Organization (WHO) estimates.	- Diarrhoea remains one of the major causes of death among children.

Acute respiratory infections (ARI): *reduction of ARI deaths by one third in children under five*	• ARI case management has improved at the health centre level. • The effectiveness of haemophilus influenzae type B and pneumococcus vaccines is established.	• ARI remains one of the greatest causes of death among children. • Vertical, single-focus ARI programmes seem to have had little global impact.

97. The first goal of the World Summit for Children was, between 1990 and 2000, *the reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1,000 live births, respectively, whichever is less*. In the world as a whole, U5MR declined only 14 per cent over that period. However, more than 60 countries achieved the targeted one third reduction. The list of countries that did so includes most of the countries in the European Union and North Africa, as well as many in East Asia, Oceania, the Americas and the Middle East.

98. It is true that global rates of infant and child mortality have been declining steadily for the past half-century and that many of the countries that achieved the goal enjoyed reasonable economic prosperity during much of the decade. But some rich countries did not achieve the goal and some very poor countries did. Specific child-friendly policies, strategies and programmes were at work. Concrete measures were taken, at the national and subnational levels, to save children's lives, and these measures made a difference. In some cases, unfortunately, the impact of effective policies and programmes was overwhelmed by such disasters as war, economic crisis, natural disasters and, especially, the AIDS pandemic in sub-Saharan Africa.

99. At the global level, the burden of childhood mortality is still high; more than two thirds of the infant deaths that occur each year are neonatal deaths. The same causes that result in deaths of mothers, such as poor maternal health and lack of adequate care during pregnancy, labour and delivery, lead to the death of the infant. Additional causes are lack of essential care for the newborn baby, infections, birth injury, asphyxia and problems related to premature births. Effective, large-scale health interventions, such as immunization, the use of oral rehydration therapy (ORT) for treatment of diarrhoea, and early recognition and proper case management for pneumonia, are likely to have a greater impact on mortality in the age group one to four than in the first year of life.

100. National mortality figures often mask disparities. As discussed in part I, chapter II, death rates are higher among poorer children than among the more well to do. It appears that the urban-rural differentials increased during the decade. Disadvantages relating to ethnicity and other forms of exclusion often surface dramatically in the form of child mortality.

Diarrhoea

101. Even though the World Summit goal of a 50 per cent reduction in diarrhoea mortality has been met, the overall reduction conceals important disparities that explain why diarrhoea remains one of the major causes of death among children. Success in reducing diarrhoeal disease in all regions can be attributed to the promotion of ORT through use of oral rehydration solution (ORS) and/or

recommended home fluids, and use of increased fluids and continued feeding for home management of child diarrhoea. The power of these interventions depends not only on the availability of ORS but also on family behaviour, that is, effective home care, utilization of appropriate services by families of children who require care and correct implementation of prescribed care. These actions have been backed by sound management of programmes with well defined interventions, target setting, monitoring and evaluation. ORT use rates have increased in all regions, including sub-Saharan Africa. Of 32 countries where trend data are available over the decade, three quarters made improvements in ORT use.

102. The credit for the reduction in diarrhoea deaths during the last decade is partly shared by successes in other interventions, including the promotion of breastfeeding, measles immunization rates, micronutrient supplementation and increased access in some regions to clean water and improved sanitation. Further advances in these areas, along with raising the rate of effective ORT use, home management of diarrhoea and bacillary and amoebic dysentery, and the successful development and introduction of rotavirus vaccine should drastically reduce diarrhoea-related deaths among children in the years to come.

103. A major thrust of diarrhoeal disease control programmes was to improve the case management of diarrhoea, other major childhood killer diseases and malnutrition in health facilities and at home. As a result, there was a move towards a more integrated approach to the management of childhood diseases. The Integrated Management of Childhood Illness (IMCI) initiative was developed in 1995 by WHO and UNICEF as a response to addressing the overall health of the child, since despite the gains made many children continued to die without receiving medical care. The IMCI initiative focuses on training health workers in case management of a range of childhood diseases; improving health systems, including the availability of drugs, supplies and equipment; and promoting a set of key family and community practices which, based on scientific evidence, contribute to child survival and healthy growth and link the family and community to health services.

Acute respiratory infections

104. Acute respiratory infections remain one of the greatest causes of death among children. Accurate data are not available by country on ARI rates, but they remain the most common cause of child deaths in many countries. Respiratory infections include infections in any area of the respiratory tract, including the nose, middle ear, throat, voice box, air passage and lungs. Pneumonia is the most serious, but fever is also common in ARIs. Bacterial infection is the primary cause of pneumonia in countries with high infant and child mortality. These infections are treatable: it is estimated that 60 per cent of ARI deaths can be prevented by the selective use of affordable antibiotics. Because of the widespread abuse of antibiotics, which leads to the proliferation of resistant bacteria, health authorities are reluctant to permit families to acquire their own. Yet many ARI deaths continue to occur at home, and studies have demonstrated the effectiveness of community- and family-based ARI programmes.

105. There has been little progress towards improved care-seeking behaviour for ARIs. In over half of 73 countries with available data, more than half of the children with ARIs were not taken to an appropriate health facility. Studies undertaken by WHO have concluded that the case management approach to detection and

management of pneumonia could significantly reduce mortality. As part of effective case management, all sick children are examined for danger signs and appropriate treatment is diagnosed accordingly. This is also included in the IMCI and community-based health programmes, where caregivers learn to recognize ARIs, especially pneumonia, and to seek timely treatment outside the home — assuming it is available.

Malaria

106. Leaders at the World Summit for Children highlighted the difficulties in combating malaria, but, as with AIDS, did not adopt a specific goal to address it. This disease has since re-emerged as a major cause of child mortality. It contributes to severe anaemia in children and is a leading cause of low birth weight (LBW). Malaria is receiving much increased attention by global partners and Governments.

107. The global Roll Back Malaria initiative was launched in 1998 by WHO, UNICEF, the United Nations Development Programme (UNDP) and the World Bank. Since then, most countries in Africa and many in Asia have developed strategic plans for malaria control. Their priorities include galvanizing global and national partnerships, strengthening national health systems and mobilizing resources. The Roll Back Malaria initiative aims to support and promote the nationwide use of insecticide-treated mosquito nets among pregnant women and their children; promote anti-malaria prophylaxis treatment during pregnancy, and improve diagnosis and treatment of malaria among children by ensuring that children and their families have access to early, effective and affordable treatment within their homes and communities.

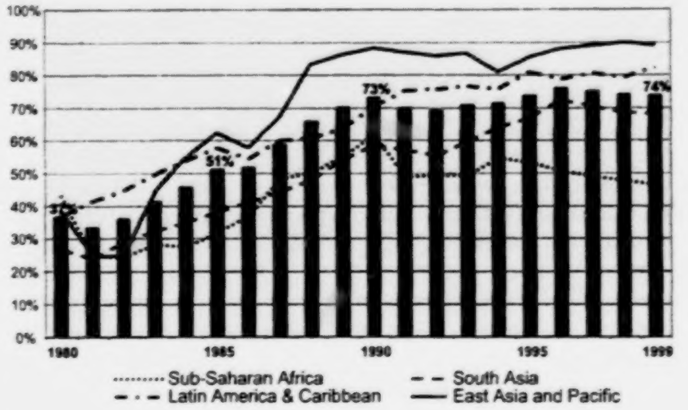
108. Malaria mortality and morbidity can be greatly reduced through the use of insecticide-treated bed nets. Current use of bed nets, a simple intervention, is low in nearly all malaria-endemic countries. Furthermore, over 20 new country survey results show that among children sleeping under a bed net, the percentage of treated nets is negligible. However, progress has been made in a number of countries in improving access to bed nets through the removal of taxes in order to reduce costs to consumers. Community-based efforts for the timely treatment of children and others with malaria can also reduce deaths and illness. Families and children need access to early, effective and affordable treatment by making anti-malarial drugs available in health centres and community pharmacies closest to home.

Immunization

109. In 1990, Governments, with support from the global health community, seemed to have succeeded in reaching the goal of universal child immunization (UCI), by increasing coverage for fully immunized children from under 40 per cent in 1980 to an estimated 80 per cent. A careful review of UCI achievements by WHO and UNICEF has since confirmed that coverage was in fact 73 per cent for the combined three-dose vaccine against diphtheria, pertussis and tetanus alone — still a major achievement. Almost all countries have continued to implement national immunization programmes in the 1990s as part of their basic health services, and global coverage rates have remained at approximately 75 per cent throughout the decade. The Summit's goal of achieving and sustaining coverage rates of 90 per cent has not been reached on a global basis.

110. Coverage in sub-Saharan Africa has decreased, and there are large disparities within regions and countries. Almost 30 per cent of the world's children (approximately 30 million infants) are still not reached by routine vaccination. The lowest coverage is in sub-Saharan Africa, with only 47 per cent of children immunized against DPT3. A major factor that has contributed to slippage was the fall in commitments made by donors, especially for training, surveillance and logistics, which was not fully compensated by national budget increases.

Figure 8. Immunization 1980-1999, DPT3 coverage



Source: Revised global coverage estimates based on joint UNICEF/WHO review.

111. Millions of children continue to die as a result of not being vaccinated against the six major historical scourges — polio, diphtheria, tuberculosis, pertussis, measles and tetanus. Constraints in immunization programmes have also included the inability of countries to introduce new and underutilized vaccines due to inadequate funding. In addition, the hepatitis B, haemophilus influenzae type b (a leading cause of pneumonia and meningitis) and yellow fever vaccines are not yet widely available in many of the countries of greatest need.

112. Some 25 countries significantly increased their own financing of immunization services between 1995 and 2000. The Vaccine Independence Initiative (VII) contributed to this increase. VII created and capitalized a revolving fund to help developing countries to procure, with their own currencies, high-quality, low-cost vaccines in quantities adequate to reach and sustain UCI.

113. In 1999, the partners of GAVI — UNICEF, the World Bank, WHO, bilateral agencies, the Rockefeller Foundation, the Bill and Melinda Gates Foundation and representatives from industry — committed themselves to assisting in sustaining the immunization gains made and to going beyond them to support countries in introducing new and underutilized vaccines. The mission of GAVI is to protect every child against vaccine-preventable diseases where epidemiological data demonstrate a public health priority.

114. About one billion injections are given to women and children each year through national immunization programmes. Surveys carried out by UNICEF and WHO have revealed a disturbing pattern of unsafe injection practices that can put the lives of children and health workers at risk. The auto-disable syringe includes a safety device that prevents its reuse. WHO, UNICEF, the United Nations Population Fund (UNFPA) and the Federation of Red Cross and Red Crescent Societies have adopted a global policy on injection safety calling for the use of auto-disable syringes for all immunization by the end of 2003.

Measles

115. With the introduction of the measles vaccine to the majority of the world's children during the 1980s, annual reported measles-incidence declined two thirds between 1990 and 1999. But this is far from sufficient. Measles is still the major child killer among vaccine-preventable diseases. Because measles is so contagious, vaccination coverage levels need to be above 90 per cent to stop transmission of the virus. There are still over 30 million cases every year. When the disease does not kill, it may cause blindness, malnutrition, deafness or pneumonia. Children with measles miss school, and parents must invest time and other scarce resources in caring for the sick child. Supplementation with a high dose of vitamin A protects a child from some of the most serious consequences of measles, such as blindness and death. In 1999, measles coverage was reported to be below 50 per cent in more than 15 countries.

Neonatal tetanus

116. Significant progress was made in the elimination of neonatal tetanus over the decade. In 1990, neonatal tetanus caused 561,000 deaths. By the year 2000, immunization efforts had lowered that figure to 289,000, a 50 per cent reduction.

117. In 1995, of 161 developing countries reporting, 104 had achieved the World Summit goal of eliminating neonatal tetanus. Another 22 countries are close to achieving elimination. However, neonatal tetanus remains a public health problem in 57 countries and is a major cause of neonatal mortality. Neonatal tetanus occurs most commonly in the lowest income countries and in those with the least development infrastructure.

118. To complement routine immunization services, campaigns are being supported in high-risk areas, involving the provision of three properly spaced rounds of tetanus toxoid vaccine to all women of childbearing age. That effort, along with the promotion of clean birth delivery practices and the strengthening of surveillance for neonatal tetanus, will bring elimination closer in the remaining countries.

Polio eradication

119. Extraordinary progress has been made in polio eradication. More than 175 countries are now polio free. In 2000, fewer than 3,500 cases of polio were reported, a huge decline from an estimated 350,000 cases in 1988. At the end of 2000, polio was endemic in only 20 countries, down from 125 countries in 1988.

120. This achievement is the result of a remarkable global partnership led by WHO, UNICEF, the United States Centers for Disease Control and Prevention (CDC) and Rotary International, involving Governments, international organizations, the

pharmaceutical industry and mobilization at all levels of society. The commitment of national leaders to polio eradication, and the provision of personnel and financial resources to carry out National immunization days (NIDs), to conduct mop-up immunization activities and to assure surveillance for all possible cases of polio were all instrumental in the success achieved.

121. In countries suffering from civil wars, agreements on ceasefires and "days of tranquillity" to allow for NIDs have proven indispensable. In some of the larger countries that are a reservoir for polio, NIDs have been an occasion for massive mobilization, both nationally and across borders. They offer a magnificent example of solidarity for public health.

122. Transmission of the polio virus is likely to continue in as many as 20 countries after 2000, albeit at low levels. In May 2000, WHO, UNICEF, Rotary International, CDC and other partners concluded that the interruption of all polio transmission could be achieved with intensified efforts by 2002, with certification of eradication by 2005. But that will require continued resolve and perseverance on the part of the international community until the very end, when polio will enter the history books as the second disease eradicated from the Earth, after smallpox, through an extraordinary effort of human solidarity. When polio is eradicated and vaccination is no longer needed, the world will save $1.5 billion a year, which can be allocated to intensify immunization against other diseases.

Lessons learned in child health

123. Most children under five die from just one or more of five common conditions — diarrhoea, measles, respiratory infections, malaria or malnutrition — for which treatment is relatively inexpensive. In addition to continuing efforts to prevent disease and enable families to protect their children's health, the great challenge is to ensure that any family taking a child to a clinic or health centre anywhere in the world will find a health provider who can examine and diagnose, make a decision on appropriate treatment, give basic drugs for the most common problems, refer the child to a hospital if needed, and offer the right advice about how best to prevent and manage illness in the home.

124. Immunization continues to be one of the most practical and cost-effective public health interventions. The levelling-off of immunization coverage during the 1990s is due primarily to:

- A failure in some countries to secure domestic and international resources for immunization;
- A lack of protection for financing of immunization services during some health sector reforms, at least temporarily;
- The inability of some public health systems to fully reach very poor families, minorities and those living in remote locations — and the impact of conflicts on others;
- A failure to fully exploit the potential of NIDs as a supplement to immunization programmes.

125. Immunization systems in many developing countries are still fragile and of uneven quality. There are growing concerns about the safe administration of injectable vaccines. These challenges will need to be addressed if today's

opportunities for large-scale introduction of new and improved vaccines are not to be missed.

126. A strong system for delivery of routine immunization and a wider package of health services is essential for long-term disease control. In order to accelerate the reduction of vaccine-preventable diseases, however, routine immunization needs to be complemented by targeted activities. And while most countries are able to mobilize sufficient resources to finance their own immunization programmes, some of the poorest nations will still need financial support for the foreseeable future to complement their own resources.

127. The improvement of family and community practices related to child health and nutrition, the improvement of skills among health workers and the strengthening of the health system in general remain essential for reducing child mortality. Programme initiatives need to complement each other and to form part of the health service and its evolution. Community-based health programmes can reach children and families who are often beyond the reach of health services. Effective services can ensure that all children have access to basic health care and medicines, food, nutritional supplements, bed nets and other life-saving supplies. They also make it possible for sick children who need more care to be referred for treatment.

128. Effective communication remains a major approach to diarrhoea control as well as to the control of ARIs and malaria, and should be exploited further. Recent experience also suggests the need to strengthen the knowledge and skills of caregivers to enable them to recognize pneumonia and to seek timely care for their children from a trained provider. Childcare practices in families can be improved through effective communication messages about appropriate home management of diarrhoea, through increased fluids and continued feeding.

B. Nutrition

Box 3

Nutrition balance sheet

Goal	Gains	Unfinished business
Malnutrition: *reduction of severe and moderate malnutrition among under-five children by half*	• Malnutrition declined by 17 per cent in developing countries. South America achieved the goal with a 60 per cent reduction in underweight prevalence over the decade.	• 149 million children are still malnourished, two thirds of them in Asia. The absolute number of malnourished children has increased in Africa.
Breastfeeding: *empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year of life*	• Exclusive breastfeeding rates increased by nearly one fifth over the decade. • Gains were also made in timely complementary feeding and continued breastfeeding into the second year of life.	• Only about half of all infants are exclusively breastfed for the first four months of life.

Vitamin A deficiency: *virtual elimination by the year 2000*	• More than 40 countries are reaching the large majority of their children (over 70 per cent) with at least one high-dose vitamin A supplement a year. UNICEF estimates that as many as one million child deaths may have been prevented in this way in the last three years alone.	• As many countries are discontinuing national polio immunization days, a new distribution system for vitamin A will have to be found.
Iodine deficiency disorders: *virtual elimination*	• Some 72 per cent of households in the developing world are using iodized salt, compared to less than 20 per cent at the beginning of the decade. As a result, 90 million newborns are protected yearly from significant loss in learning ability.	• There are still 37 countries where less than half the households consume iodized salt.
Low birth weight: *reduction of the rate of low birth weight (2.5 kilograms (kg) or less) to less than 10 per cent*	• To date, 57 developing countries have low-birth-weight levels below 10 per cent.	• 11 million babies in South Asia and 3.6 million babies in sub-Saharan Africa are born each year with low birth weight.
Growth monitoring: *growth promotion and regular growth monitoring among children to be institutionalized in all countries by the end of the 1990s*	• A majority of developing countries have implemented growth monitoring and promotion activities using various approaches.	• Growth monitoring information is often not used as a basis for community, family or government action.
Household food security: *Dissemination of knowledge and supporting services to increase food production*	• The number of people in developing countries lacking sufficient calories in their diets has decreased marginally.	• In sub-Saharan Africa, about one third of the population lack sufficient food.

129. Good nutrition is the foundation for survival, health and development, for current and succeeding generations. Well nourished children perform better in school, grow into healthy adults and have longer life expectancy. Well nourished women face fewer risks during pregnancy and childbearing, and their children set off on firmer developmental paths, physically and mentally.

130. At the time of the World Summit for Children, more than one third of children under five years of age in developing countries were underweight. About one sixth of babies experienced poor growth in utero, and a majority of children in developing countries were at risk of IDDs, vitamin A deficiency and anaemia. Malnutrition, a silent emergency, was recognized by the World Summit to be a contributing factor in

half of all deaths among young children. The reduction of child malnutrition by half in a decade was one of the most ambitious goals ever set for children.

131. Nutrition goals were incorporated into many NPAs for children, and in many cases, NPA strategies and goals were also integrated into national development plans. Many countries also developed food and nutrition policies in support of goals for children following the International Conference on Nutrition held in 1992.

132. A key strategy in pursuing these goals was to enable families and communities to understand the causes of malnutrition and to take informed action to address them. The community-based strategy was based on experiences from Thailand, the United Republic of Tanzania and other countries that had made rapid progress in reducing malnutrition levels. It emphasized sufficient food intake, freedom from illness and adequate family care as three necessary conditions for improved nutrition results. This strategy and the elaboration of its "care" component influenced policies and the understanding of malnutrition in many countries during the 1990s, as well as the IMCI initiative, which has been implemented by a large number of Governments and NGOs.

133. A variety of strategies were also used to promote, support and protect breastfeeding and to address micronutrient challenges — particularly vitamin A and iodine deficiencies — through broad-ranging partnerships. These have been some of the most successful initiatives of the decade. At the World Food Summit convened in 1996, leaders from 186 countries made a commitment to halve the number of hungry people by the year 2015. Its declaration, which reaffirmed the right of every individual to adequate food, has presented a further opportunity to mobilize resources and action.

Child malnutrition

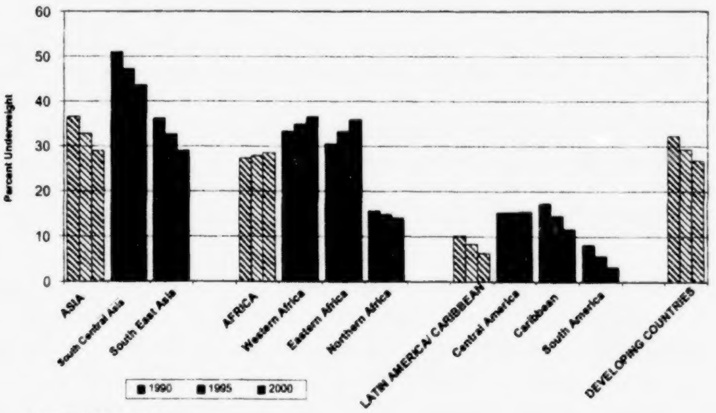
134. In 1990, 177 million children under five years of age in developing countries were malnourished, as indicated by low weight-for-age. Estimates suggest that 149 million children were malnourished in 2000. The prevalence of under-five malnutrition in developing countries as a whole decreased from 32 per cent to 27 per cent. The goal to *reduce malnutrition in under-five children by half* has been only partially achieved.

135. The most remarkable progress has been in South America, which registered a decrease in child malnutrition rates from 8 to 3 per cent. Progress was more modest in Asia, where rates decreased from 36 to 29 per cent and the number of underweight children under five years of age fell by some 33 million. Even this relatively limited achievement probably had a significant positive impact on child survival and development. Still, more than two thirds of the world's malnourished children — some 108 million — now live in Asia. The poverty, low education level and status of women and poor care during pregnancy, as well as high population densities and unfavourable child-care practices, are major underlying causes of malnutrition in Asia, especially in South Asia, where malnutrition is most prevalent.

136. In sub-Saharan Africa, the absolute number of malnourished children has increased despite progress achieved in a few countries. Major constraints include extreme poverty, chronic food insecurity, low levels of education, inadequate caring practices and poor access to health services. Weaknesses in public sector administration and sometimes a lack of commitment to support local initiatives have

hampered the implementation of nutrition policies which aimed to empower families and communities. Conflicts, natural disasters and the HIV/AIDS pandemic have greatly exacerbated the situation.

Figure 9.Trends in child malnutrition: developing countries, 1990-2000



Source: ACC/SCN, 2000.

137. Reducing malnutrition among infants and young children will also require significant improvements in the levels of education and competence of mothers and the health and nutrition of women, especially during pregnancy. Where child malnutrition is a major problem, rates of LBW are often also excessively high. This calls for a renewed focus of policies on both the mother and the child.

138. The institutionalization of child growth promotion and monitoring in all countries was one of the supporting goals adopted at the World Summit for Children. A majority of developing countries have adopted growth monitoring and promotion (GMP) activities, for which support has been provided by the World Bank and others. A major difficulty at all levels, however, has been linking the information generated from the regular weighing of children with decision-making about child malnutrition. In some countries, GMP activities have also suffered from infrequent contacts between community health workers and families.

Low birth weight

139. LBW can be caused either by intrauterine growth retardation (IUGR) or by a premature birth. In developing countries, the former is the predominant cause. IUGR can be caused by many factors, including maternal malnutrition, malaria, sexually transmitted diseases and teenage pregnancies. The period of intrauterine development is one of the most vulnerable in the human life cycle. Babies born with low weight are at greater risk of dying, and those who survive have impaired immune functions and increased risk of disease, and tend to remain malnourished, with lower muscle strength, in the long term. They may also suffer cognitive disabilities, with lower intelligence quotient rates, attention deficit disorders and

hyperactivity. In school, children born with low weight may not perform as well as other children. As they become older, they suffer chronic diseases at higher rates. Weight at birth reflects the intrauterine experience: it is a good indicator not only of a mother's health and nutrition status but also of the chances of the newborn for survival, growth, long-term health and psychosocial development.

140. Reduction of the rate of LBW (less than 2.5 kg) to less than 10 per cent was among the most challenging goals adopted at the World Summit. In 1990, it was estimated that the proportion of all babies born with LBW was 17 per cent. Available data for many countries are not representative of the population at large. Many infants in developing countries are not weighed at birth. The best available estimates suggest that 57 developing countries have LBW rates of less than 10 per cent. At the regional level, Latin American and the Caribbean (9 per cent), East Asia and the Pacific (8 per cent), and the CEE/CIS/Baltic States region (7 per cent) reached rates lower than 10 per cent. LBW levels in these regions are only slightly higher than those found in industrialized countries (6 per cent). There is then a dramatic gap with other regions. In South Asia, the LBW rate is 31 per cent, with more than 11 million underweight babies born each year. Sub-Saharan Africa, with an LBW rate of 15 per cent, has more than 3.6 million babies born every year below 2.5 kg. A major revision of the data on LBW is currently in progress and will adjust for the large percentage of births not weighed.

Box 4

Partnerships are key in preventing hidden hunger

Public-private partnerships have been a key factor in overcoming micronutrient deficiencies. Governments have effected national legislative frameworks, involving ministries of commerce and the private sector, including industry and small producers, to achieve coverage quickly and effectively. International agencies, donors and technical experts have worked together to identify technical, cost-effective and sustainable solutions that can be implemented to achieve high levels of coverage. Key agencies have been UNICEF, WHO and the World Bank. Donor agencies from Canada, Japan, the Netherlands, the United Kingdom and the United States have played coordinated roles providing financial support, effecting change at national levels and providing technical support. In addition, other groups, such as the Micronutrient Initiative, Kiwanis International, the International Council for the Control of Iodine Deficiency Disorders and the Programme against Micronutrient Malnutrition, have been key partners. Such partnership models can be replicated for other interventions as well.

141. An integrated approach is needed in tackling this problem. Improved antenatal care — including deworming; micronutrient supplementation; food supplements; prevention of malaria, smoking and teenage pregnancy; and general pregnancy monitoring — are likely to have an impact on the high current LBW rates.

Micronutrient deficiencies

142. Three key micronutrients were identified at the World Summit for Children — vitamin A, iodine and iron. Experience has shown that micronutrient deficiency, also known as "hidden hunger", can be prevented through supplementation and the fortification of food. Overcoming technical issues, finding distribution systems and forging partnerships are key factors for success. In the 1990s, vitamin A and iodine programmes were two such success stories. Due in part to these successes, other micronutrients, such as zinc, are receiving increased attention.

Vitamin A

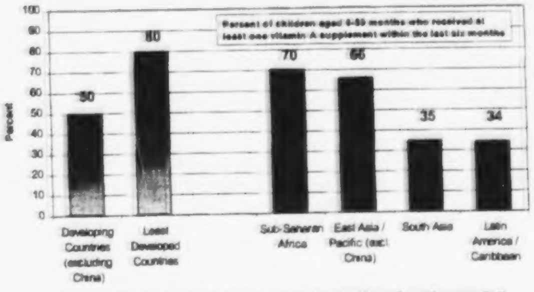
143. Most people know that a lack of vitamin A can lead to irreversible blindness. But even before blindness occurs, a child deficient in vitamin A faces a 25 per cent greater risk of dying from common ailments, such as measles, malaria or diarrhoea. Vitamin A also improves resistance to infection and helps reduce anaemia and night blindness. Vitamin A is found in meat, eggs, fruits, red palm oil and green leafy vegetables, but these are often expensive foods for poor families. In some countries, such staples as flour and sugar are now fortified with vitamin A and other micronutrients. Children between six and 59 months can receive two high-dose vitamin A capsules, costing just a few cents a year.

144. Until the mid 1990s, little progress had been made towards the virtual elimination of vitamin A deficiency (VAD) and its consequences, including blindness, by the year 2000. In 1996, 11 countries had vitamin A supplementation coverage rates of 70 per cent or higher for one high dose. By 1999, that number had jumped to 43 countries, 10 of which conducted two rounds of vitamin A supplementation with high coverage, thereby achieving the goal of virtual elimination of VAD. Between 1998 and 2000, about one million child deaths may have been prevented from vitamin A supplementation.

145. Fortunately, coverage is highest in areas that need it most. Several factors have led to progress so far. In 1997, a coalition of donors, technical experts and agencies identified supplementation as a reliable way to combat VAD and highlighted the fortification of food as holding great promise for the future. The agencies informally recommended that countries with U5MRs greater than 70 per 1,000 live births should begin to distribute vitamin A supplements immediately.

146. Much of the large-scale distribution of vitamin A capsules has taken place through NIDs — the capsules are often provided by the same community volunteers and health workers who distributed polio vaccine. This has ensured that children receive at least one of the two doses of vitamin A they need each year. However, NIDs will soon be ending in many countries and new distribution systems will need to be found.

Figure 10. Vitamin A supplementation, developing world, 1999



* Regional averages for the Middle East and North Africa, and Central and Eastern Europe/Commonwealth of Independent States were not calculated because the available country data cover less than half of the region's births

Source: UNICEF.

Iodine

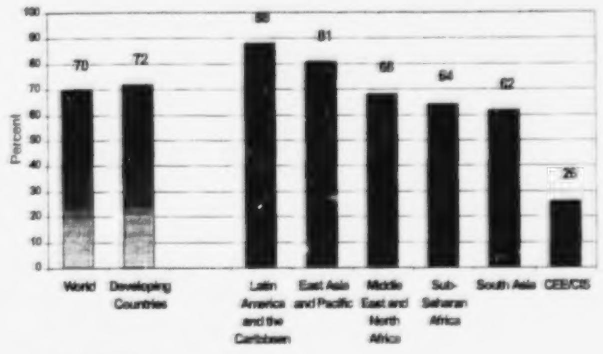
147. Iodine deficiency is the leading cause of preventable mental retardation. In severe cases, it can cause a mental and physical condition known as cretinism. It can have devastating effects on pregnant women and young children. During pregnancy, mild iodine deficiency can retard foetal development and result in retardation. In early childhood, iodine deficiency can impair speech and hearing, motor development and physical growth. In both adults and children, chronic iodine deficiency causes goitre, a disorder characterized by the swelling of the thyroid gland. But less widely known are the consequences of mild iodine deficiency. Where it is prevalent, it can lower the average intelligence quotient of a population by as much as 13 points, with serious implications for the human development progress of entire nations.

148. The simple process of iodizing salt, the equivalent of a mere teaspoonful over a lifetime, can eliminate iodine deficiency. While the most severe effects — such as cretinism — cannot be reversed, they can easily be prevented. Salt has been routinely iodized in much of the industrialized world since the 1900s, but in the developing world, as recently as 1990, fewer than 20 per cent of people consumed iodized salt. The World Summit goal was *to virtually eliminate iodine deficiency disorders by the year 2000*. In 1990, about 1.6 billion people, or 30 per cent of the world's population, were estimated to be at risk of iodine deficiencies. Some 750 million people suffered from goitre and an estimated 43 million were affected by some degree of brain damage as a result of inadequate iodine intake before or during infancy and early childhood.

149. Today, 90 million newborns are protected every year from a significant loss in learning ability because of iodized salt. Approximately 72 per cent of households in the developing world are using iodized salt. However, there are still 37 countries where less than half of households consume iodized salt.

150. The highest levels of salt iodization are in Latin America (88 per cent). The lowest are in the CEE/CIS region, where just over one quarter of households consume iodized salt. IDD has resurfaced as a public health problem in many countries of this region, where salt was once adequately iodized. South Asia still has 510 million unprotected people, and there are over 350 million more in East Asia and the Pacific. As shown by major progress in even the poorest regions, however, universal salt iodization is a feasible goal which should be pursued vigorously — and IDD should be eliminated by 2005.

Figure 11. Levels of iodized salt consumption, 1995-2000



Source: UNICEF.

Iron

151. Iron deficiency is by far the most prevalent form of malnutrition in the world — affecting the health of women and children and the economic performance of nations. Iron deficiency leads to anaemia, but anaemia can also be caused by deficiencies in other nutrients. The World Summit goal of *reduction of iron deficiency anaemia in women by one third of 1990 levels* is closely linked to maternal health. The main intervention to reduce anaemia has been the distribution of iron-folate supplements to pregnant women through the public health system. A number of Governments in developing countries have made these supplements available using their own and donor resources. Iron supplementation is potentially a feasible strategy because of its proven impact on anaemia and because supplements cost only about $1.50 per 1,000 tablets.

152. Information on the prevalence of anaemia among pregnant women is limited, but it is believed that, despite supplementation efforts, there has been virtually no change since 1990. In the mid-1990s, prevalence levels among pregnant women in South-East Asia and sub-Saharan Africa were estimated to be as high as 79 per cent and 44 per cent, respectively. There are some indications that the prevalence of severe anaemia may have been reduced.

153. The provision of supplements to pregnant women has not been a very effective strategy for several reasons: supplies have not always been available in sufficient quantity; some women did not comply with the recommended daily intake because

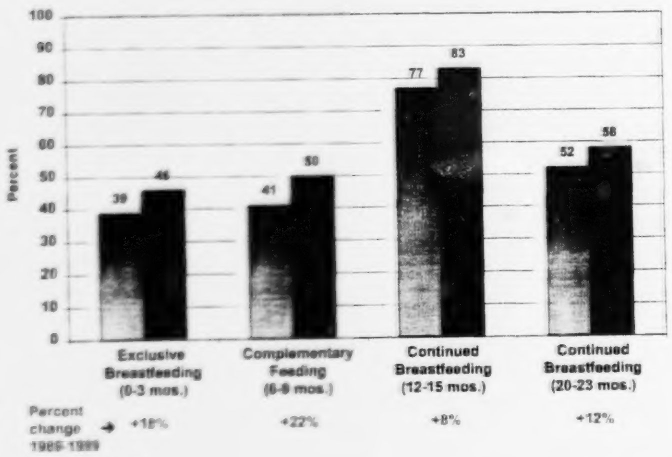
of side-effects; and information provided by health staff was sometimes inadequate. Furthermore, women often came for antenatal care at a relatively late stage in pregnancy, when pre-existing anaemia and its consequences are more difficult to address. New strategies are needed to tackle this serious problem and to replicate the success in tackling other micronutrient deficiencies.

Infant and young child feeding

154. During the 1990s, notable progress was achieved for the goal of the *empowerment of all women to breastfeed their children exclusively for four to six months, and to continue breastfeeding, with complementary food, well into the second year*. The rate of exclusive breastfeeding for the first four months of life increased from 39 per cent to 46 per cent. Timely complementary feeding (at 6 to 9 months) also improved, with rates rising from 41 per cent to 50 per cent. The proportion of infants still breastfeeding at one and two years of age improved only slightly. The biggest overall improvements occurred in the Latin America and Caribbean region. The highest levels of complementary feeding and continued breastfeeding are found in least developed countries.

155. Trend data on exclusive breastfeeding for the first four months are available from 43 countries, where two or more surveys have been conducted in the past decade, using similar estimation methods. Overall, those 43 countries account for more than half of live births in the developing world, excluding China. In Latin America and the Caribbean, the rate increased by nearly half, from 28 per cent to 41 per cent.

Figure 12. Trends in breastfeeding patterns, developing world, 1989-1999



Source: UNICEF.

156. There were four main areas of support to breastfeeding. The Baby-Friendly Hospital Initiative (BFHI), launched in 1992, supported appropriate breastfeeding practices through the health-care system. The implementation of the International Code of Marketing of Breast Milk Substitutes protected mothers and infants from harmful marketing practices in some countries. Maternity protection measures enabled working mothers to breastfeed their infants and helped ensure their place in the workforce without discrimination. National-level coordination and leadership were strengthened.

157. BFHI has been implemented in more than 15,000 hospitals in 136 countries. Twenty-one countries have adopted all or most provisions of the Code into their legislative systems, and an additional 26 have incorporated many of its provisions in their laws. A large number of countries have established coordination mechanisms to oversee and implement efforts in relation to protection, promotion and support of breastfeeding.

158. Despite all the progress achieved, only about half of all infants are exclusively breastfed for four months, and a similar percentage receive appropriate complementary foods in a timely manner. Levels of continued breastfeeding are relatively high worldwide at one year of age (80 per cent), but only about half of all children are still breastfeeding by their second birthday. Thus, the current patterns for infant and young child feeding are still far from the recommended levels.

159. Several constraints will have to be overcome to fully achieve the World Summit goal. Ways must be found to engage hospitals that have not yet adopted the recommended BFHI. Most of these are in the private sector, where the influence of the infant food industry remains high. Breastfeeding often remains a "poor relation" in the health-care system. There is also a need for local support groups to reach every woman in her own community.

160. The HIV pandemic and possible transmission through breastmilk has emerged as another constraint. Recent reports indicate that parent-to-child transmission of HIV may be lower among exclusively breastfed infants than among those partially breastfed, but more research on this issue is urgently needed. Advocacy is required to emphasize that the Code is necessary to protect the majority of infants who will benefit from breastfeeding, as well as those infants who are artificially fed.

161. Success in the regulation of the marketing of breastmilk substitutes has led to an increased focus on the promotion of complementary foods. However, new mothers often receive free samples of cereal-based foods. Because of illiteracy or confusing labels, mothers can be misled into introducing the samples too soon. Moreover, industrially processed foods are often presented as the only way to provide an infant with a balanced diet. The World Health Assembly has urged the use of safe and adequate amounts of local foods, in addition to continued breastfeeding from the age of about six months.

Household food security

162. *Dissemination of knowledge and supporting services to increase food production to ensure household food security* (HFS) was a supporting goal of the World Summit. Food security at the household level is necessary for sustained improvements in the nutritional well-being of children and their families. In developing countries, agro-pastoral activities still constitute an important part of

livelihoods and food security, particularly — but not only — for people living in rural areas. The development of skills and provision of services for improving agricultural production, including the use of improved technologies, is an important measure of HFS.

163. Chronic food insecurity, according to the Food and Agriculture Organization of the United Nations (FAO), is estimated from the amount of food available to people. Undernourishment represents the number of people whose food intake does not provide adequate calories to meet their basic energy needs. In 1990-1992, 841 million people in developing countries were undernourished; this number decreased to 792 million in 1996-1998. The gains were lowest in sub-Saharan Africa, where 34 per cent of the people were still undernourished. There are individual countries in other regions where over 35 per cent of the population remain undernourished. While conflict and natural disasters have contributed to food insecurity in many parts of sub-Saharan Africa, limited access to improved technologies and seasonal inputs, labour shortages among women-headed households and insufficient know-how among those with small landholdings are still widespread problems.

164. Children and women constitute a large proportion of the undernourished population, and they are the most vulnerable to food insecurity. At the individual level, the effect of food insecurity is most detrimental if it leads to serious inadequacy in diets during pregnancy. This can have lasting effects on the mother and the development of the child before and after birth.

165. Even in households that have adequate access to food or income, the shares of food for children, especially girls, and women can be inadequate. Overworked parents can often have difficulty feeding young children frequently enough. Undernourishment among girls and women is compounded by their lack of control over productive resources and exclusion from decision-making. Although a lack of HFS affects a larger portion of the rural population, low-income and unemployed families constitute a large vulnerable group in many urban areas. And in the 1990s, the loss of productive capacity among families affected by HIV/AIDS had a major impact on HFS, household incomes and nutritional well-being.

Lessons learned in nutrition

166. Important strategic shifts and breakthroughs occurred in addressing malnutrition in children in the 1990s, with the focus shifting towards selected low-cost and technology-based interventions — in particular universal salt iodization and vitamin A supplementation. Dramatic progress in these two areas showed that the right combination of factors — political will and partnerships, the application of national and international resources, capacity development and better monitoring — can lead to the achievement of specific targets. Sustaining these achievements and filling the gaps in addressing vitamin A deficiency and IDD should remain important priorities.

167. But the high levels of undernutrition in children and women in sub-Saharan Africa and Asia (especially South Asia) still pose a major international challenge for child survival and development. As in child health, positive experience suggests that results in this area can be achieved when the provision of basic services is combined with support for community and family initiatives, including those that foster behavioural change and increase the information available for local decision-making. Many successful small-scale programmes that evolved in the 1990s need to

be expanded for wider impact — and the reasons why they have not expanded thus far need to be better understood.

168. Awareness has grown of the critical link between women's nutritional well-being and children's survival, growth and development. The next step is for policies and resources to be focused on critical stages of the lives of girls and women, in addition to the focus on children's first years of life — the primary school years, adolescence and pregnancy. Improved nutrition among women and girls and the prevention of LBW are key to breaking the intergenerational cycle of malnutrition.

169. Further advances in infant and young child feeding will require places in which mothers can easily nurse their infants. The ILO Maternity Protection Convention 183 adopted in 2000 provides a long-awaited opportunity to improve the conditions of working mothers, including those in casual, part-time and domestic jobs. The Convention's provisions provide a minimum standard for working women everywhere. More generally, breastfeeding is increasingly understood to be important to the life of the infant, to the highest attainable standard of health, to good psychosocial and cognitive development, and to long-term health. In HIV-affected societies, clear infant-feeding policies need to be further developed and communicated to mothers. Measures that protect, promote and support breastfeeding in emergency situations have also emerged as priorities.

170. The global partnership that spurred action on vitamin A in the last years of the 1990s, with support from the Government of Canada and certain agencies, needs to be sustained. Further expansion of coverage is essential. NIDs are phasing out around the world and new ways to deliver vitamin A to children need to be devised. Child health days, in which vitamin A is distributed as part of other interventions, such as growth monitoring or routine immunization, are a promising alternative. Initiatives for food fortification, including all nutrients, will also be essential for ensuring child nutrition.

171. The task of eliminating IDDs encompasses more than just iodizing salt. It will require permanent vigilance: salt iodization should continually be monitored, along with the iodine status of the population, and information provided to families about its benefits. Reducing anaemia remains a major challenge and may be achieved only through a combination of interventions. Technical issues need to be overcome to expand supplementation during pregnancy. This should include other micronutrients, because anaemia can also be due to deficiencies in vitamin A, zinc and vitamin B_{12}. Multiple-micronutrient supplementation is now being investigated as an option to reduce anaemia and improve intrauterine growth. Food fortification is another strategy that is being pursued, and new partnerships with the food industry are being forged. Prevention of malaria and intestinal helminthes (worms) should also be part of an overall strategy to reduce anaemia, which should include young children as well as women.

C. Women's health

Box 5
Women's health balance sheet

Goal	Gains	Unfinished business
Maternal mortality: *reduction between 1990 and the year 2000 of the maternal mortality ratio (MMR) by half*	• There has been heightened awareness of causes leading to high MMR, but little tangible progress.	• There is no evidence that maternal death rates have declined significantly over the last decade. • 515,000 women still die every year as a result of pregnancy and childbirth. A woman in sub-Saharan Africa faces a 1 in 13 chance of dying during pregnancy and childbirth.
Family planning: *access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too numerous*	• Contraceptive prevalence increased by 10 per cent globally and doubled in the least developed countries. • The total fertility rate has declined from 3.2 to 2.8.	• Every year, adolescents give birth to 15 million infants. • Only 23 per cent of women (married or in union) in sub-Saharan Africa use contraceptives. • Access to reproductive health education remains a challenge.
Childbirth care: *access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies*	• Modest gains were made in both antenatal care and births assisted by a skilled health worker in all regions except sub-Saharan Africa.	• Essential obstetric care services are lacking. • Coverage of delivery care is only 29 per cent in South Asia and 37 per cent in sub-Saharan Africa.
Anaemia: *reduction of iron deficiency anaemia in women by one third of 1990 levels*	• Most developing countries have iron supplementation measures for pregnant women.	• Available evidence shows little change during the 1990s in the prevalence of anaemia among pregnant women.

172. The International Conference on Population and Development (ICPD), held in Cairo in 1994, had an important impact on child health policies — and also gave new impetus to the reduction of maternal mortality. By bringing the issue of reproductive health to the fore, it paved the way for the life cycle approach to human development that would emerge later in the decade. But progress in improving the overall status of women has been slow. WHO identifies this as one of the reasons why childhood mortality in the early neonatal period has not declined as rapidly as in later stages of life. Women's low status in many countries is also reflected in the spread of HIV and the slow pace in reducing maternal mortality. In addition to reducing deaths, the achievement of "safe motherhood" — which includes family planning, antenatal care, safe delivery, essential obstetric care, basic maternity care, primary health care and equity for women — would also greatly reduce the number of women who develop long-term disabilities as a result of pregnancy and childbirth. And this number is staggeringly high — over 15 million annually.

Maternal mortality

173. Measuring maternal mortality is difficult and available data provide only general estimates. WHO, UNICEF and UNFPA estimate that about 515,000 women die every year as a result of pregnancy and childbirth. Of those deaths, nearly half take place in sub-Saharan Africa, about 30 per cent in South Asia, 10 per cent in East Asia and the Pacific, 6 per cent in the Middle East and North Africa, and about 4 per cent in Latin America and the Caribbean. Less than 1 per cent of these women die in the developed regions of the world.

174. In terms of the maternal mortality ratio, the world figure is estimated to be 400 maternal deaths per 100,000 live births. By region, the rate was highest in sub-Saharan Africa (1,100), followed by South Asia (430), the Middle East and North Africa (360), Latin America and the Caribbean (190), East Asia and the Pacific (190), and CEE/CIS and the Baltic States (55). By comparison, the rate for the industrialized countries is only 12 deaths per 100,000 live births.

Figure 13. Risking death to give life

Region	Lifetime chance of dying in pregnancy or childbirth[a]
Sub-Saharan Africa	1 in 13
South Asia	1 in 54
Middle East/North Africa	1 in 55
Latin America/Caribbean	1 in 157
East Asia/Pacific	1 in 283
CEE/CIS and Baltic States	1 in 797
Least developed countries	1 in 16
Developing countries	1 in 61
Industrialized countries	1 in 4,085
World	**1 in 75**

[a] Affected not only by maternal mortality rates but also by the number of births per woman.

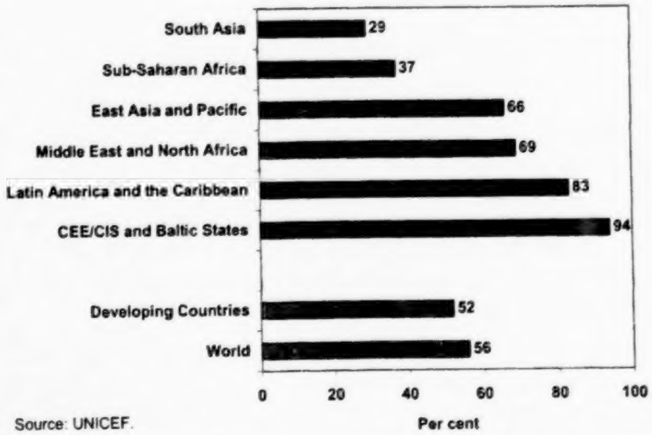
Source: Maternal Mortality in 1995: Estimates Developed by WHO, UNICEF and UNFPA (Geneva, 2001).

175. MMR is a measure of the risk of death once a woman has become pregnant. A woman faces this risk every time she becomes pregnant. A comprehensive risk assessment would take into account both the average number of births per woman and the probability of dying as a result of childbearing, cumulated across a woman's reproductive years — the "lifetime risk". Women in countries with both high fertility and high maternal mortality run the highest lifetime risks. As shown in figure 14, the lifetime risk of death is highest in sub-Saharan Africa, where a woman's risk of dying from maternal causes is as high as 1 in 13, compared with 1 in over 4,000 in the industrialized countries and 1 in 75 for the world as a whole. So in Africa, as well as parts of Asia and the Middle East, women are literally "risking death to give life".

176. There is no evidence that MMR in most parts of the world has declined significantly over the decade, and the World Summit goal of reducing it by one half was certainly far from achieved. Given that the rate is difficult to measure, the attention has been on process indicators, such as the percentage of births attended by skilled health personnel. While some modest gains were made in improving delivery care, this progress has been largely concentrated in areas where maternal mortality is less severe.

177. The vast majority of maternal deaths are the direct result of complications arising during pregnancy, birth or post-partum. The single most common cause is post-partum haemorrhage. Sepsis, complications of unsafe abortion, prolonged or obstructed labour and the hypertensive disorders of pregnancy, especially eclampsia, claim more lives. Because these complications can occur at any time during pregnancy or childbirth without forewarning, timely access to and use of quality obstetric services is essential.

Figure 14. Skilled attendants at delivery, 1995-2000



Source: UNICEF.

178. Providing skilled attendants (doctors, nurses and midwives) able to prevent, detect and manage the major obstetric complications, together with the equipment, drugs and other supplies essential for their effective management, is one of the most important factors in preventing maternal and neonatal deaths. The available data show that just over half — 56 per cent — of all births in the world are assisted by a skilled health attendant. The lowest levels are in South Asia (29 per cent) and sub-Saharan Africa (37 per cent). The highest levels are in Latin America and the Caribbean (83 per cent) and the CEE/CIS regions (94 per cent). Trend data available for 53 developing countries suggest there has been only a modest increase in coverage between 1989 and 1999. Progress was greatest in countries of the Middle East and North Africa, followed by Asia, and Latin America and the Caribbean. In sub-Saharan Africa, where the highest rates of maternal mortality are found, coverage of care has stagnated, and in some countries the rates have actually declined.

179. Current estimates suggest that about 64 per cent of women in the developing world make at least one antenatal visit with a skilled health worker during pregnancy. The rate is highest in Latin America and the Caribbean (84 per cent) and lowest in South Asia (51 per cent). However, these relatively encouraging data reflect only one antenatal visit, during pregnancy, rather than at least four antenatal visits, as recommended by WHO. Antenatal care has long been considered an essential component of maternal health services, partly due to its ability to identify women at risk of serious complications and to refer them for appropriate treatment and care. Various studies have shown, however, that many of the life-threatening complications of pregnancy and childbirth are difficult to predict or prevent, and WHO reported in 1992 that many of the standard components of antenatal care are not effective for reducing maternal mortality. Yet antenatal care is an excellent means of providing complementary services, including for the prevention of mother-to-child transmission (MTCT) of HIV, malaria prophylaxis and treatment, and micronutrient supplementation.

Fertility and family planning

180. The World Summit called for *access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too numerous*. During the second half of the 1990s, the goal of many family planning efforts shifted from simply reducing fertility to helping couples to plan their families. This was shown by a trend towards the provision of comprehensive reproductive health care, including, good quality, voluntary and confidential family planning information and services, and an emphasis on improving the quality of care. The world's total fertility rate stands at 2.8, down from 3.2 at the beginning of the decade. Among the regions, sub-Saharan Africa has the highest fertility rate and the highest teenage fertility rate.

181. Adolescent pregnancy is alarmingly common. Every year, adolescents give birth to 15 million infants. Girls aged 15 to 19 are twice as likely to die from childbirth as women in their twenties; those under age 15 are five times as likely to die — a dramatically higher level of risk. Having a child during the teenage years also limits girls' educational attainment and income prospects.

182. Approximately two thirds of the world's women of reproductive age who are married or in union are now using a method of contraception. Contraceptive

prevalence increased from 57 per cent in 1990 to 67 per cent in 2000. While there are large variations across the globe, with 23 per cent of women in sub-Saharan Africa compared to 84 per cent of women in East Asia and the Pacific using contraceptives, there is increasing use across all regions of the world. Least developed countries experienced the largest increase, with contraceptive use nearly doubling during the decade.

Lessons learned in women's health

183. Priorities in safe motherhood programmes were not always clearly defined, and the interventions were not always well focused. Some programmes took a broad approach, giving equal emphasis to raising women's status, improving maternal health services, including antenatal care, and expanding emergency care. These sometimes resulted in efforts that were too ambitious and expensive for many Governments, with limited donor support.

184. Experience has shown that the training of traditional birth attendants (TBAs) alone, in the absence of back-up of a functioning referral system and support from professionally trained health workers, is not likely to be effective in reducing maternal mortality. For many years, however, Governments and agencies invested in the training of TBAs since they offered a means of providing services at the community level for maternal health care.

185. The main causes of maternal death cannot be predicted or prevented through antenatal care alone. Curative care is essential. Access to skilled attendants is desirable since this may influence outcomes of pregnancy, but immediate access to essential obstetric care is the crucial factor in saving lives. Therefore, the public sector has to aim to ensure not only that women seek and have access to antenatal care, but also that good quality essential obstetric care is available to all women during pregnancy and childbirth.

186. Child spacing and family planning methods reduce a woman's chances of unsafe pregnancies and consequently her chances of maternal death. However, they do not reduce a woman's chances of complications or death once she is pregnant.

D. Safe drinking water and environmental sanitation

Box 6

Water and environmental sanitation balance sheet

Goal	Gains	Unfinished business
Water: *universal access to safe drinking water*	• Some 816 million additional people obtained access to improved water supplies over the decade.	• Some 1.1 billion people still lack access. Global coverage increased by only 3 per cent, to 82 per cent. • Water quality problems have grown more severe in a number of countries during the decade. • Coverage in low-income areas remains low, especially in informal settlements.
Sanitation: *universal access to sanitary means of excreta disposal*	• 747 million additional people utilized improved sanitation facilities.	• 2.4 billion people, including half of all Asians, lack access. Global coverage increased by only 5 per cent, to 60 per cent. • 80 per cent of those lacking sanitation live in rural areas.
Guinea worm disease: *elimination*	• The number of reported cases has declined by 97 per cent. The disease is now eliminated in all regions except one country in the Middle East and 13 countries in sub-Saharan Africa.	• Momentum towards elimination of guinea worm disease needs to be maintained.

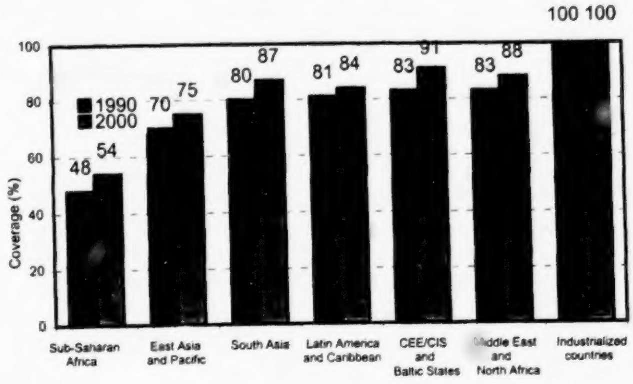
187. A lack of safe drinking water and poor environmental sanitation are among the major underlying causes of child deaths, illnesses and malnutrition. Studies have shown that improvements in safe water supply, particularly in sanitation and hygiene, can be associated with a reduction of 22 per cent in diarrhoea incidence, and of 65 per cent in deaths due to diarrhoea. A similar impact is likely on cholera, hepatitis, parasitic worm infections and trachoma.

188. The World Summit for Children, recognizing the unfinished work of the International Drinking Water Supply and Sanitation Decade of the 1980s, re-endorsed the goal of *achieving universal access to safe drinking water and sanitary means of excreta disposal*. The Global Strategy for Shelter to the Year 2000 and UNCED stressed the importance of integrated water resource development, management and protection, access to safe water in sufficient quantities, and proper sanitation for all.

189. Revised estimates from the 2000 WHO/UNICEF Global Water Supply and Sanitation Assessment suggest that, taking population growth into account, the number of people lacking access to these basic services has remained essentially unchanged. Although large numbers of people gained access to improved water supply services for the first time during the 1990s, the goal of universal coverage is still distant. The percentage of people with some form of improved supply rose from

79 per cent (4.1 billion) in 1990 to 82 per cent (5 billion) in 2000. This still leaves over one billion people without access to safe water.

Figure 15. Improved water coverage, change over period 1995-2000



Source: UNICEF/WHO.

190. Between 1990 and 2000, the proportion of the world's population with access to sanitation facilities increased from 55 per cent (2.9 billion) to 60 per cent (3.6 billion), far short of the target of universal coverage. An estimated 2.4 billion people still lack access to improved sanitation.

191. Regionally, sub-Saharan Africa has the lowest coverage of improved water supplies, at 54 per cent. Its overall sanitation coverage has been static, and is also estimated at 54 per cent. South Asia's water supply coverage is relatively good, at 87 per cent, but it has by far the lowest sanitation coverage, at 37 per cent. The Asia regions, with 61 per cent of the world's population, account for the vast majority of people without access to improved services. Access to improved water has risen but remains below 90 per cent in the regions of Latin America and the Caribbean and the Middle East and North Africa, and sanitation coverage rates are still lower, although they also improved over the last 10 years.

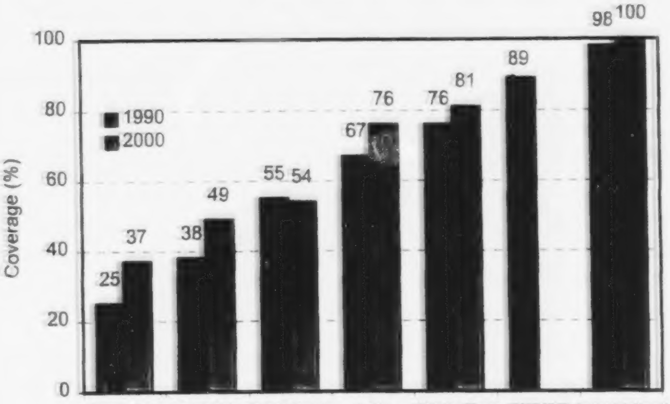
192. In the early years of the decade, many countries included goals for expanded water and sanitation coverage in their programmes of action for children. An international consensus emerged on principles for integrated water resources management, including giving highest priority to universal access to safe drinking water and environmental sanitation. This helped to focus attention on the need to address problems related to drinking water supply and sanitation; increase awareness of the importance of conservation and protection of water resources, the environment and the drinking water supply; and mobilize the public and private sectors and international partners in the provision of services to the millions still excluded.

193. Problems of chemical contamination of water supplies, although less widespread and more localized than bacterial contamination, came strongly to the

fore during the 1990s. One of the most serious water quality problems that emerged was contamination of drinking water sources by naturally occurring inorganic arsenic in Bangladesh and other parts of South Asia. The response to arsenic contamination has included the testing and marking of wells that draw on contaminated aquifers, and working with families to ensure that such sources are not used for drinking and cooking; providing alternative sources of drinking and cooking water for people currently using such wells; and involving affected communities in the search for and management of alternative sources. While the arsenic problem remains very serious indeed for human health, another naturally occurring chemical contaminant — fluoride — also poses threats to people in a number of countries, including China and India. For fluoride, there have been successful examples of mitigation based on the use of household filters.

194. Sanitation has historically been viewed as a lower priority than water supply and has attracted less investment. The situation has been further aggravated by population growth and urbanization. Between 1990 and 2000, the global urban population increased by 25 per cent and the global rural population by less than 10 per cent. The Global Environmental Sanitation Initiative, launched in 1998, has sought to raise the profile of sanitation and hygiene practices among Governments, development planners and other professionals, through initiatives in advocacy, partnerships and funding.

Figure 16. Improved sanitation coverage, change over period 1995-2000



Source: UNICEF/WHO.

195. The 2000 WHO/UNICEF Global Water Supply and Sanitation Assessment focused on measuring the increase in the use of improved water supply and sanitation services rather than on access. Access rates refer to the population served by each system rather than the actual use of the facilities provided. Merely providing access to services does not necessarily mean that people will use the

services effectively and obtain the desired results of reducing excreta-related diseases, such as diarrhoea, cholera and typhoid. Furthermore, increasing service access brings limited health benefits unless the quality of the water provided can be assured.

196. Several international organizations, including UNICEF, WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and Education International, have encouraged increased attention to the health of children in schools and have launched the focusing resources for effective school health (FRESH) initiative. This forms part of wider efforts to create a school environment in which children are both able and enabled to learn. School health — including clean water, toilet facilities for girls and boys and hygiene education — is a key component of such a child-friendly learning environment.

197. Families in poverty are most likely to lack access to services for basic drinking water supply and to a sanitary means of excreta disposal. This is, in fact, a dimension of poverty itself. The price paid by such families is extraordinarily high in terms of ill health and precious time and energy spent collecting water from distant sources — burdens that usually fall on women and children, especially girls. Examples of community organizations generating matching resources for the operation of local water sources have helped Governments to recognize the potential of local organizations as agents of change. And the participation of women in solving local problems of water supply and sanitation is increasingly seen as crucial to developing successful programmes.

Guinea worm disease

198. Over the past decade, the world has witnessed a decline by 97 per cent in the number of reported cases of the highly debilitating guinea worm disease (dracunculiasis). In a major success story, the disease has now been eliminated in all regions of the world except for parts of sub-Saharan Africa. Sudan accounts for about two thirds of the remaining reported cases.

199. Strategies to halt guinea worm transmission in the countries that still report cases of the disease include the incorporation of case detection and containment measures into existing surveillance and control programmes. Case containment measures are particularly useful in areas where the levels of dracunculiasis are already low. Where the disease is still widespread, surveillance needs to be strengthened, with village-level participation.

200. Because the foremost requirement is the provision of clean drinking water, there are no substantial technical barriers to guinea worm eradication. However, water provision needs to be combined with effective health education. Improvements in existing rural water supplies, water filters and community health education also need support in countries with new cases.

201. Great strides have been made towards the goal of guinea worm eradication because of a broad and effective coalition of United Nations and bilateral assistance agencies, Global 2000 of the Carter Center, private sector contributions, NGOs, national ministries and political leaders — all of which have supported people in endemic areas to help them rid themselves of this parasite. The momentum needs to continue until full eradication is reached. Governments and their partners should

ensure that guinea worm eradication efforts continue to receive high levels of political and financial support in the final drive to eradication.

Lessons learned in water and environmental sanitation

202. While overall progress towards goals has been mixed, countries and regions affected by conflicts, large debt burdens, lack of investment resources and weak institutional capacity have faced the greatest difficulties in reaching water and sanitation goals. These problems are widespread in sub-Saharan Africa, whose people also still suffer from guinea worm disease, the final eradication of which has been delayed due to conflict and lack of water supplies in some of the most endemic areas. Nonetheless, guinea worm eradication efforts have contributed to the wider services available to communities, and their successful methods can be used by community-based health programmes to reach marginalized populations. The monitoring of guinea worm cases offers useful lessons for other interventions, and the reporting of cases has been a cost-effective form of village-level monitoring. The use of maps for guinea worm surveillance has helped planning in other programmes.

203. Water quality needs to be more effectively monitored to ensure that health hazards are avoided. This can be undertaken by introducing very basic testing for bacteriological contamination. Some selective chemical testing on the basis of local problems can be very effective and can be undertaken at low cost if appropriate technology is applied.

204. Sector-wide approaches to the achievement of the goals for water supply and sanitation may bring major improvements in investment and efficiency levels but must also look for synergies with goals and strategies in health, nutrition and education. Schools can help to kick-start community action. Children are often eager to learn and willing to try out new activities. Teachers can serve as leaders and role models, not only for the children but also for the wider community. School children can influence the behaviour of family members and whole communities to improve sanitary conditions and change hygiene practices.

205. Community management and hygiene are critical to ensure that water and sanitation services result in sustained improvements in children's lives. Clean water may be available in the household, but if hand-washing and other practices are not routine the health benefits do not materialize. Longer-term benefits will also not be realized unless water and sanitation infrastructures are effectively used and maintained. Household water security, safe environmental sanitation and adequate hygiene practices need to be fully recognized as priorities for the next decade, together with their direct implications for child survival and development.

E. HIV/AIDS

206. As outlined in part I, chapter II, of the present report, and detailed in the report of the Secretary-General on the special session of the General Assembly on HIV/AIDS (A/55/779), the scale of the HIV/AIDS epidemic exceeds the worst-case projections of 1990. Worldwide, the number of people living with HIV or AIDS is 50 per cent higher than the figure projected in 1991. Sub-Saharan Africa has the highest seroprevalence, with 70 per cent of all new infections in the world. The

rapid spread of the virus in Eastern Europe and Asia is of urgent concern, but all regions of the world are now seeing increasing numbers of infections.

207. HIV/AIDS has emerged as the greatest immediate obstacle to the development of children and women in sub-Saharan Africa. The HIV/AIDS crisis both exacerbates and deepens many of the interlocking problems that affect much of sub-Saharan Africa, including poverty, discrimination, malnutrition, poor access to basic social services, armed conflict and the sexual exploitation of girls and women. The pandemic has strained capacities at all levels, resulting in loss of parents and of trained personnel. Life expectancies are falling in the most seriously AIDS-affected countries of sub-Saharan Africa, while infant and child death rates are on the rise. Health services are already overwhelmed by tending to AIDS patients. Furthermore, the basic functioning of schools is at risk in the face of widespread death of teachers and students and the increasing tendency of children to stay at home to care for AIDS-affected family members.

208. Political leaders and activists in some societies — including Brazil, Senegal, Thailand and Uganda — have openly confronted the HIV pandemic and taken energetic steps to combat it. Several other countries in sub-Saharan Africa and South-East Asia have begun to follow suit. But the necessary public awareness and preventive measures have not yet been implemented on a wide enough scale, even where the threat or effects of AIDS are very serious.

Impact of HIV/AIDS on children

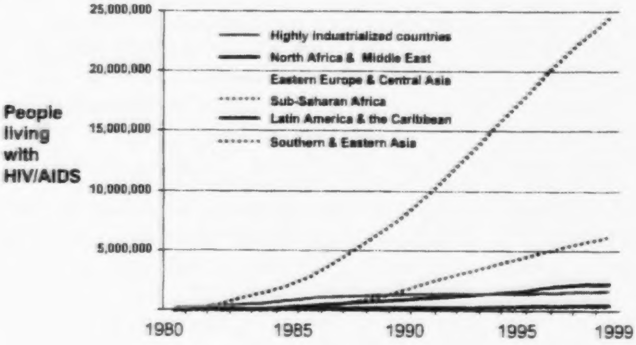
209. Every minute, six young people under the age of 25 become infected with HIV. By 2000, more than 10.3 million young people were infected, of whom nearly two thirds are girls and young women. It is estimated that, in the year 2000, some 600,000 children under the age of 15 were infected with HIV, 500,000 children in this age group died of AIDS and 2.3 million children lost their mother or both parents to AIDS. Of the estimated 36.1 million people living with HIV/AIDS, over 95 per cent of whom are in developing countries, 16.4 million are women and 1.4 million are children under 15. Although about one half of new infections are occurring among young people (15-24 years), most young people are still insufficiently aware of the risks they face and lack the skills to protect themselves, especially adolescent girls and young women.

210. Children are faced with various threats from HIV/AIDS — becoming infected themselves, being affected by the consequences to their families and communities, and becoming orphaned. MTCT of HIV through pregnancy, delivery or breastfeeding is responsible for over 90 per cent of HIV infections in infants and children under the age of 15. The effects of the epidemic among young children are far-reaching. U5MR is expected to increase by over 100 per cent in the worst affected countries by 2010. AIDS has begun to reverse years of steady progress in child survival and has already doubled infant death rates in the worst-affected countries.

211. As HIV/AIDS spreads and more people become infected, the number of children affected by the disease increases. Since the beginning of the epidemic, over 13 million children have lost their mother or both parents to AIDS before reaching the age of 15. The vast number of orphans who have been left with little or no adult protection and care is unprecedented in human history, and the scope and

complexity of development challenges and threats to the rights of children orphaned by AIDS is staggering.

Figure 17. Estimated number of people living with HIV/AIDS, by region, 1980-1999



Source: UNAIDS.

Evolution of major HIV/AIDS policies, processes, strategies and partnerships

212. By the mid-1990s, it became clear that the relentless spread of HIV and the epidemic's devastating impact would require a greatly expanded United Nations effort. In 1996, in order to ensure greater coordination to maximize the impact of efforts, six organizations (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) formed the Joint United Nations Programme on HIV/AIDS (UNAIDS). The United Nations International Drug Control Programme (UNDCP) joined in 1999. In developing countries, representatives of these co-sponsoring organizations meet as the country's United Nations theme group on HIV/AIDS to share information, plan and monitor coordinated action, including the provision of technical assistance and financing for HIV/AIDS prevention and care.

213. The strategic priorities in the global effort to combat HIV/AIDS include ensuring effective leadership and coordination; alleviating the social and economic impact of the epidemic; reducing the vulnerability of particular social groups to HIV infection; achieving targets for prevention; ensuring that care and support are available to people infected and affected by HIV/AIDS; making anti-retroviral drugs affordable and accessible to persons suffering from HIV/AIDS; and mobilizing financial resources. Special efforts will be needed to prevent HIV infection among young people as well as the transmission of HIV from mother to child, and to ensure protection, care, access to basic services and income support for orphans and children in families which have been hard hit by AIDS.

214. Numerous bodies have established guidelines for the management of HIV infection in adults, pregnant women and children. In most developed countries, where there is broad access to HIV care and support, including medications, the

application of HIV care standards has led in recent years to significant decreases in mortality due to HIV/AIDS, and to similar declines in progression from HIV infection to AIDS.

215. These guidelines have not been widely applied in developing country settings due to the expense of medications, lack of medical infrastructure, limited availability and uptake of voluntary counselling and testing (VCT), limited expertise for HIV treatment, and a lack of services to encourage community and household involvement in care and support for HIV-infected members.

216. Nevertheless, promising interventions in a number of countries, most of them in sub-Saharan Africa, are beginning to address the prevention of MTCT of HIV through a range of interventions, including access to adequate antenatal care and VCT, administering of anti-retroviral drugs during pregnancy and delivery, improving care during labour and delivery, counselling and support for HIV-positive women on infant feeding decisions, and psychosocial support and care for opportunistic infections. Despite the complexities and demands on the health systems that such interventions involve, they are expected to expand quite rapidly.

217. The care and support of women (including pregnant women), children, adolescents and family members living with HIV infection, as well as HIV-specific primary medical care and treatment with medications to prevent and treat opportunistic infections, are important for several reasons. The availability of HIV care and support is likely to increase the use of VCT and prevention services; HIV prevention efforts will benefit from HIV care and support services; maintaining the health of HIV-infected parents (and prolonging their lives) will reduce the impact on children; and reduction in the HIV viral load is a key factor that can decrease the likelihood of HIV transmission to those who are uninfected.

Lessons learned in HIV/AIDS prevention and care

218. Full-scale political commitment is required if HIV/AIDS programmes are to be successful. Some regions and countries still do not fully recognize the gravity of the threat posed by the HIV/AIDS epidemic, and well designed advocacy efforts have often been needed to "break the silence" and reduce the stigma and discrimination surrounding the epidemic. Along with political commitment, investments must be made in effective HIV prevention and care that are initiated and implemented at the global, national and community levels.

219. Basic knowledge about HIV/AIDS does not always lead to less risky behaviour. Experience has shown that the chances for behavioural change improve when information campaigns address the underlying attitudes, values and skills that the individual needs to protect him or herself.

220. It is important to build partnerships for HIV/AIDS prevention and care that include young people and opinion setters, such as religious and traditional leaders. Opportunities for adolescents, including those orphaned and affected by AIDS or infected with HIV, to participate in prevention efforts, peer education and mass mobilization need to be created in order to enlist their support and put their specific needs on the political agenda. Service providers (including young people) need access to accurate information and the skills to use interactive methodologies to work with and for adolescents. Meanwhile, the pressing needs of children who have lost parents, fallen into destitution or lost access to school and health services,

recreation, income support and legal protection due to the epidemic should have a priority claim for national and global resources and attention. That will take a combined and committed effort of government agencies, NGOs, international partners, communities and remaining caregivers. The rights of these children must be protected and restored through special protection measures — as in any major humanitarian crisis.

F. Adolescent health and development

221. The situation of adolescents, especially those struggling to grow up amid crushing adversity, has drawn increasing attention in the decade since the World Summit for Children. This is because there is a growing understanding that, far from being the "burden" that many adults believe them to be, the youth of the world are an immeasurably rich resource — people whose right to health and development is central to preventing a whole range of immediate threats, such as HIV/AIDS, substance abuse and violence, and also to combating a host of other problems that can threaten not only their lives but those of their children.

222. Adolescence is a critical period in shaping a child's future course in life, for it is during those years that young people develop a definitive sense of self, which occurs as they acquire social values, form civic commitments and become increasingly aware of matters of sexuality and fertility. The HIV/AIDS pandemic, for all its terrible consequences, has helped to raise public awareness of the importance of adolescence, because the key to stemming the disease hinges on whether young people have the knowledge and skills — and access to the services they need — to help them reduce their risk of infection.

223. School drop-out rates, such behavioural problems as violence and drug addiction, lack of livelihood opportunities, teenage pregnancies, social alienation and political process are often indications of wider issues: the increasing marginalization of teenagers from the world of adults, their vulnerabilities, and the inadequacy of social, economic and political systems to cater to their needs and aspirations. Yet the potential of adolescents as creative, energetic actors and leaders for positive social change has been widely underestimated. Societies need to encourage and support the participation of adolescents in society, and to develop their views and contributions.

Box 7

Young people in changing societies: a view from the CEE/CIS and Baltic States region

The 65 million young people aged 15-24 of the CEE/CIS and Baltic States region represent the "transition generation", coming of age during a time of unprecedented change ushered in by processes of political and economic reform. A recent analysis of the multiple impacts of transition paints a decidedly mixed picture: increased opportunities and choices for youth brought about through transition processes, accompanied by heightened risks arising from the emergence of new problems. Among the key findings: In **health and reproductive behaviour**, increased exposure to reproductive and sexual health risks, including HIV/AIDS, is accompanied by limited access to relevant information and services. An increasing tendency to postpone marriage and childbearing has lowered teen pregnancy rates, though these remain high by Western standards. The incidence of substance abuse is similar to that in Western societies, while the risk of accident is similar or higher. In **education**, while achievements in basic education results are satisfactory, there is a tendency to start school later, to drop out more frequently and, in most countries, to bypass studies at the upper secondary levels. Tertiary education is marked by rising participation for some, accompanied by exclusionary trends for others, particularly youth in disadvantaged groups. In **relation to the law**, with a rising tendency for youth to come into conflict with the law, reform of juvenile justice systems is of increasing concern, with youth in transgression of the law more likely than their Western peers to be deprived of liberty, often under long and harsh conditions. In **employment**, while youth display impressive flexibility in economic strategies, youth jobless rates remain strikingly high. At the same time, average real wages remain, for the most part, lower than those prior to transition, and youth are particularly at risk of exposure to exploitation and abuse by employers operating in the booming informal economy and illegal black markets. In **civic affairs**, positive attitudes towards democratic and market reforms are offset by critical skepticism of the work of the new democratic institutions. At the same time, youth participate enthusiastically in global youth culture.

Policy implications point to the importance of recognizing youth as a distinct population group, with particular needs and capacities; developing intersectoral approaches with youth involvement and participation; addressing emerging health issues, particularly those related to reproductive health and changing lifestyles; working towards broader and more equitable education and employment opportunities; implementing international standards in the administration of juvenile justice; and targeting disparity reduction strategies for youth from disadvantaged backgrounds.

Source: UNICEF, *Regional Monitoring Report, No. 7* (2000) (Florence, Innocenti Research Centre).

224. Priorities for reducing the health risks faced by adolescents must include access to accurate information; the opportunity to build both life skills and livelihood skills; access to services for reproductive health; access to voluntary and confidential counselling and testing for HIV/AIDS; and a safe and supportive environment in which to live.

225. Tobacco addiction has become a significant problem of childhood, with people being lured into the smoking habit at ever earlier ages. Success in reducing nicotine addiction and its promotion in some industrialized countries has yet to be replicated in the rest of the world. But there is evidence that many countries are assigning increasing priority to prevention programmes for young people, while increasing the scale of existing interventions as they build community and political support for these initiatives. NGOs, health centres and the media are using drama, radio and television to disseminate information about health to young people. Schools offer

another important setting for participation, for providing adolescents with guidance and support, and for developing positive values and skills.

226. Orientation to life skills education is under way in several regions, with teachers, NGOs, peer educators and facilitators being trained in this approach. Life skills are being included in some school curricula, mainly on a pilot basis, and peer education programmes have begun incorporating this concept. Programmes to prevent and reduce substance abuse among young people are also being introduced. However, access to and use of voluntary and confidential testing and counselling for HIV/AIDS remain low among adolescents, including adolescent girls, who are one of the groups at highest risk of contracting the virus.

Lessons learned in adolescent health and development

227. Priority attention needs to be given to health promotion efforts among young people. Service providers (including young people) need accurate information, and need to develop the skills to use interactive methods to work with and for adolescents in key areas to reduce risks.

228. Negative social perceptions of adolescents need to be directly addressed so that most emphasis is placed on their ability to make positive contributions to society — in their homes, schools, communities and on the national stage — rather than on a belief that they cause problems. Attention needs to be given to dealing with the sensitivities that many of the issues confronting adolescents raise in the wider society. It also needs to be recognized that adolescent participation is essential to policies and programmes that hope to have an impact on such problems as HIV/AIDS and drug use, which undermine the health of young people now and in the future.

G. Evolution of health, nutrition and water and sanitation policies and strategies during the 1990s

229. There have been some remarkable cases of countries that have given "first call" to child health in their allocation of resources. However, national investment in basic health services has not lived up to the promises made by world leaders in 1990. Due to lack of resources and the incapacity of health systems to do the job adequately, the greatest successes of the decade have been in "vertical" programmes, those whose results could be most easily measured and disseminated. Such programmes were able to mobilize public interest, media attention, donations and pressure on national leaders to produce results. WHO, in its contribution to the present report, noted that from the WHO perspective, the successes are striking for their association with vertical programmes targeting specific diseases affecting children. Polio eradication and guinea worm elimination are the two most obvious examples. Similarly, progress towards measles reduction and elimination of iodine deficiency has resulted from applying specifically defined interventions through well functioning delivery systems — immunization (and vitamin A supplementation) in the first case and intervention with salt producers in the second.

230. Such single-focus interventions, however successful, do not replace the need for broader strengthening of health systems in developing countries, nor do they represent adequate attention to the total needs of young children, adolescents or families. But the shortage of resources for implementing more holistic programmes

increases the appeal of targeting specific diseases. Targeted programmes can serve as catalysts for broader systemic improvements and, being mostly preventive in nature, they may reduce demand for overworked and underfunded health-care services.

231. The approaches adopted in 1978 at the Alma Ata International Conference on Primary Health Care were widely embraced, but the lack of adequate resources for implementation led some to focus on a set of clearly targeted interventions — including immunization, oral rehydration, breastfeeding and child growth monitoring — that could produce measurable results and become a catalyst for additional funding. Such interventions also had the explicit aim of strengthening health systems by bringing child health and prevention into the public and political consciousness. One of their most lasting legacies was the concept and practice of social mobilization. A broad array of institutions and actors not usually associated with the health sector became involved. Mass media were used effectively and commitments were obtained from political, social and religious leaders.

232. During the same period, however, broader-based strategies to strengthen health systems were also established. The Bamako Initiative, launched in 1987, was an effort to strengthen health systems by providing a minimum package of health care, basic drugs at affordable prices, some cost-sharing between providers and users, and community participation in the management of health systems.

233. Thanks to the Bamako Initiative, improved and sustained immunization coverage and other preventive activities have grown as Governments have increased their capacity to provide essential drugs and vaccines. Even in countries facing severe economic distress, the Bamako Initiative has ensured that revitalized basic health-care facilities have been able to offer a variety of services, including provision of essential drugs. These efforts have not only improved the well-being of whole populations but have empowered individuals and families to assume responsibility for their own health and welfare. In that sense, the Bamako Initiative has been a major step towards democratizing the business of primary health care.

234. The Bamako Initiative revitalized local service delivery in the 1990s in some parts of Africa and has been extended to other continents as well. It has been recognized as a cost-effective, sustainable approach to revitalizing health systems. While the Initiative and similar schemes rely on a degree of direct payment by users, some studies have shown significant declines in service utilization following the introduction of user fees. This happened particularly where such fees were not accompanied by improvements in service quality or by effective exemption procedures for families — and children — unable to pay. Moreover, health sector reform has sometimes been affected by an overall drop in public spending on health services, especially for poor, rural and remoter sections of the population, which offer little economic incentive to private providers.

235. Typical features of health and water sector reform efforts are the decentralization of budgetary and sometimes decision-making authority to provincial or district levels. Decentralization has contributed to a new concern for integrity and accountability in the public sector. New methods have emerged for involving local communities in managing and monitoring service provision in health, clean water supply and other public services. However, decentralization has often been accompanied by a reduction in central support for supervision, monitoring, training and the supply of drugs, vaccines and spare parts. Without

adequate support from the central level, child health and community water services are at risk of deterioration. And with privatization, a two-tier system has emerged in many countries, whereby the better-off take advantages of the latest technologies while the poorest obtain minimal care from inadequately financed public facilities.

236. Concern for better coordination of external assistance has led to new forms of collaboration between Governments and donors, known as sector-wide approaches. These promote better aid coordination at the sectoral level — going beyond reliance on individual projects. They seek to provide a comprehensive framework for the reform and development of sector policy and programming over a period of several years. Many sector-wide approaches are in the health, education and water sectors.

237. Health is becoming more of a global public good through two main forces. First, international integration in trade, travel and information has accelerated the cross-border transmission of disease and the transfer of behavioural and environmental health risks. Second, intensified pressures on global resources of air and water have led to shared environmental threats. Both trends have positive and negative implications. The Ebola crisis in 1994, followed by sensationalist coverage in the media, led to greater awareness among politicians and the general public of the potential dangers from disease. Such awareness may lead to increased international action on health issues. On the other hand, if it leads to increased xenophobia and investment mainly to protect the already privileged, it may signify a worrisome trend.

238. The 1993 World Bank *World Development Report* re-emphasized the health-related goals of the World Summit for Children but also applied economic analysis to health policies. It introduced the concept of "the global burden of disease", which has helped to clarify priorities for cost-effective health spending. It made the case for public sector involvement in the financing of public health and a minimum package of essential clinical services, especially for the poor. In subsequent years, the World Bank became the single largest external financier of health activities in low- and middle-income countries and an important voice in national and international debates on health policy. The Bank has been a strong supporter of both health system reform and sector-wide approaches.

239. But despite the call in the World Summit Plan of Action for stepped-up collaborative research in new technology to help tackle the major problems facing children, it cannot be said that such research was reflected in the allocation of research funding during the subsequent decade. Rather, there has been a growing disparity between the level of financial investments in research and development for a particular disease and the level of its impact on health. For instance, pneumonia and diarrhoeal diseases constitute 15.4 per cent of the total global disease burden but only 0.2 per cent of total global spending on research. There are, however, some notable exceptions. WHO has supported research into the development and assessment of new vaccines, while the private sector has devoted considerable resources to the development of drugs to combat HIV and treat AIDS. Two important technological advances, the Internet and mapping software, have contributed to health research and planning in developing countries.

240. The holistic vision of Alma Ata has continued, as the close relations between the many factors affecting child health have become clear and concerns for the viability of health systems have deepened. Continuing examples of holistic approaches include the IMCI initiative, the Bamako Initiative and the FRESH

initiative. Programmes focused on single priorities continue, however, to gain attention and support. Two examples are GAVI — a coalition of organizations formed in 1999 in response to stagnating global immunization rates and widening disparities in vaccine access between countries — and the Roll Back Malaria initiative, which has set an ambitious goal of reducing malaria-related mortality by half by the year 2010. Both approaches will remain important. And guinea worm eradication efforts show how a programme with an original single purpose can broaden its focus: it has brought clean water to many remote communities and mobilized them to seek better health overall, while expanding its activities to fight river blindness and other diseases.

H. Priority actions for the future in health, nutrition, water and environmental sanitation

241. Globally, there has been substantial progress towards some of the goals set by the World Summit for Children in the areas of health, nutrition, water and environmental sanitation. Notable successes include the near eradication of polio, progress in eliminating neonatal tetanus, increased salt iodization to eliminate IDD, increased vitamin A supplementation, a reduction in deaths from diarrhoea and to a great extent the eradication of guinea worm disease. These provide compelling evidence of what can be achieved.

242. A mixture of vertical health interventions and community-based programmes has been found to achieve the best results for children. For the delivery of services, such as polio immunization or vitamin A supplementation, vertical programmes may be most effective. However, the experience of many countries shows that in order to improve and sustain the overall health and nutrition status of children and women it is essential to complement vertical service delivery with adequately resourced community-based, family-oriented efforts, such as those that have proved so successful in the home-based management of diarrhoea and, on a more limited scale, in the maintenance of water sources and for addressing child malnutrition. Locally adapted communication strategies are required to reach out to and empower the most vulnerable communities.

243. While the ultimate responsibility for ensuring children's rights to health and nutrition lies with national Governments, this also requires the involvement of public, private and civic actors at all levels of society. National and local government capacities for service delivery, quality assurance, resource availability and monitoring must be strengthened, and must place greater priority on family practices and community participation. The access of all families to basic services and commodities must be assured by building a supportive framework of policies and resource allocations. This supportive environment needs to include the promotion of attitudinal and behavioural changes favourable to health and to children — from the level of policy makers to the family.

244. Over the past decade, the resources needed to achieve goals for all children have not been forthcoming in the necessary amounts and in the places where they are most needed. Especially in the least developed countries, total public investments in children's health and nutrition and in clean drinking water and sanitation have sometimes decreased alarmingly. New ways to mobilize resources for children must be found, such as the use of public-private partnership

frameworks, and greater accountability must be shown in the use of the resources that are made available if the considerable progress made during the 1990s for children is to be carried forward and the unfinished business taken care of.

Key actions in the immediate future

Flexible, responsible health delivery systems

245. It is important to strengthen health sector delivery mechanisms to provide quality services for universal coverage of health and nutrition services. Integrated packages of core interventions should include:

- Traditional vaccines;
- New and improved vaccines, such as hepatitis B, HIB and the pneumococcal vaccine;
- Vitamin A and other micronutrient supplements;
- Impregnated bed nets in malaria-affected areas;
- Essential drugs and supplies.

246. Services for mothers and newborns must also be reinforced. These include:

- Antenatal services, including malaria prevention, tetanus immunization, food and micronutrient supplements and measures for the prevention of MTCT of HIV;
- Skilled attendance at and after birth to identify and refer obstetric complications, prevent tetanus, prevent asphyxia and infections in newborns and ensure birth registration.

Family- and community-based health, nutrition, water and sanitation interventions

247. Experience from many countries shows that in order to improve and sustain the health and nutrition status of children and women, service delivery should be complemented by community participation. Families and communities have both a right and a duty to take charge of their own and their children's health. A major shift is required in the thinking of many Governments, service providers and international agencies to provide real opportunities for participation and to mobilize adequate resources in support of family and community-based actions.

248. At the household level, such actions should include:

- Preventive efforts, such as hygiene promotion and insecticide-treated bed nets;
- Good nutritional practices, including breastfeeding and complementary feeding;
- Improved care of childhood illnesses, such as pneumonia, malaria, diarrhoea, measles and HIV/AIDS;
- Psychosocial stimulation for young children.

249. At the community level, such efforts should include:

- Mechanisms to ensure adequate supplies of basic drugs and health supplies and access to safe water and sanitation, together with participation in delivery systems, planning and financing;
- Community-led information systems, such as child growth monitoring, as a basis for good decision-making;
- Training and support for community health workers, including auxiliary midwives;
- Transport services to eliminate potentially fatal delays in obstetric and other emergencies.

250. Third, public services and family and community-level activities need to be closely linked through:

- Communication strategies that reach out to all communities and families, especially the most isolated and vulnerable;
- Participatory social audits that assess community views of service delivery and build the influence of service users, including children and women, into health, nutrition, water and sanitation service planning, management and monitoring.

251. Finally, there is a need to accelerate and expand successful local efforts to promote family and community practices in health, nutrition and hygiene.

A stronger focus on adolescent health and development

252. To prevent health risks among young people, priority must be given to:

- Ensuring that they have access to accurate information;
- Creating opportunities for adolescents to build their skills and develop confidence, contacts and self-esteem;
- Providing youth-friendly health services that include reproductive health services, as well as voluntary and confidential counselling and testing for HIV/AIDS;
- Creating safe and supportive environments in which young people can participate and make a contribution.

An intensified global and local effort on HIV/AIDS

253. Global mobilization, with clear targets and adequate financing, is needed to halt the ravages of HIV/AIDS. This effort should include:

- Prevention, including educational and information services for young people;
- Reduction of MTCT, including the expansion of antenatal services;
- Care and support for people with AIDS, including the provision of affordable medicines and drugs with appropriate delivery systems;
- Measures to increase the ability of women and girls to protect themselves from the virus;

- Special assistance for children orphaned by AIDS, including for access to social services and adequate living standards, the strengthening of family and community capacities to care for orphans, and legal and administrative measures to protect them from abuse, exploitation and discrimination.

254. National and local leaders need to be engaged to ensure the mobilization of resources for children and support for these priority actions. In the previous decade, this has been achieved in part through national and subnational programmes of action for children. Whatever form such programmes take in the future, it is important that all sectors participate in well focused efforts, with specific targets in order to realize children's and young people's rights to health and adequate nutrition, supported by basic services, including clean water supplies and sanitation.

II. Education and literacy

255. The World Conference on Education for All, held in 1990 in Jomtien, Thailand, adopted a strategy for the achievement of universal access to basic education. Inspired by the Conference, the World Summit for Children made commitments "*to increase significantly educational opportunity for over 100 million children and nearly one billion adults, two thirds of them girls and women who have no access to basic education and literacy*".

256. Over the decade, the right to education has been reaffirmed internationally. This includes free and compulsory primary education, and increasing access to learning opportunities at secondary, technical and higher levels. For children, this education must be of a quality that enables them to develop their personality, talents and mental and physical abilities to their fullest potential.

257. The balance sheet for progress on the World Conference for Education for All and the goals in education and literacy of the World Summit for Children is as follows.

Box 8

Education balance sheet

Goal	Gains	Unfinished business
Early childhood development: *expansion of early childhood development (ECD) activities, including appropriate low-cost family and community-based interventions*	• Enrolment of children in early childhood programmes has kept pace with or exceeded population growth rates in most regions.	• Most progress has been among urban and elite populations and on formal pre-school programmes. • Countries in Central and Eastern Europe and Central Asia have seen a virtual collapse of public provision of pre-school education. • Limited progress on comprehensive family- and community-based approaches.

Universal access to basic education: *achievement of primary education by at least 80 per cent of primary school-age children*	Net primary school enrolment has increased in all regions and reached 82 per cent globally.	Over 100 million children of primary school age remain out of school, especially working children, children affected by HIV/AIDS, conflict and disability, children of the poor or ethnic minorities, and rural children.
	Latin America has achieved its regional target of more than 70 per cent primary school achievement in urban areas.	
	The World Education Forum (Dakar 2000) endorsed a comprehensive definition of education quality.	Millions are receiving an education of poor quality.
	Many countries have extended the period of basic education to close the gap between end of compulsory schooling and minimum age for employment.	At least one third of the 190 million working children aged 10-14 in developing countries have no access at all to basic education.
	Humanitarian relief now includes education as part of its basic package.	Funding for education interventions in humanitarian crises remains a low priority.
	The HIPC II initiative now links increased investment in basic education to debt relief.	Implementation of HIPC II has been slow.
Gender disparities: *reduction of current disparities between boys and girls*	The primary school enrolment gap between girls and boys has narrowed globally, from 8 percentage points to 6 percentage points.	The gender gap has not changed over the decade in sub-Saharan Africa.
	Among developing regions, the CEE/CIS and Baltic States, Latin America and the Caribbean, and East Asia and the Pacific have the lowest gender gap (of 2 percentage points or less).	
	Middle East and North African countries have halved the gender gap to 8 percentage points.	
	South Asia has reduced the gender gap by nearly one fifth to 14 percentage points.	

Adult literacy: *reduction of adult illiteracy rate to at least half its 1990 rate, with special emphasis on female literacy*	• Adult illiteracy has declined from 25 per cent to 21 per cent.	• Absolute number of illiterate adults has remained at about 880 million over the last decade worldwide, with numbers of illiterates increasing in most regions. • Illiteracy is increasingly concentrated among women, especially in South Asia and sub-Saharan Africa.
Knowledge skills and values for better living: *increased acquisition by individuals and families of knowledge, skills and values for better living, using all educational channels*	• Provision of education and training for young people in skills formation is increasing, with greater emphasis on life skills and livelihood skills. • New partnerships have emerged among education providers, industry and community leaders to promote relevant skills-based learning.	• Young people, especially in Central and Eastern Europe and sub-Saharan Africa, face massive unemployment and often displacement. • The majority of young people in sub-Saharan Africa and Asia lack the skills to protect themselves from HIV/AIDS.

258. The scourge of HIV/AIDS poses an enormous danger to the achievement of the world's goals for education in the coming decade. In the worst-affected areas, the demand for education from increasingly poor, dispirited and devastated families and communities is on the wane. For the children of such families who are still in school, discrimination and fear affect learning and socialization. On the supply side, scarce funds are being diverted from education to caring for AIDS patients and the numbers of qualified teachers are dwindling. At the same time, education is a key ingredient in efforts both to combat the disease and to respond to the needs of children, families and communities affected by the disease.

259. Education for All (EFA) will never be achieved if gender discrimination is not addressed. The largest single group of children denied a basic education is girls. And this discrimination goes beyond the numbers visible in enrolment figures — it is reflected in inequalities throughout education systems and in wider society.

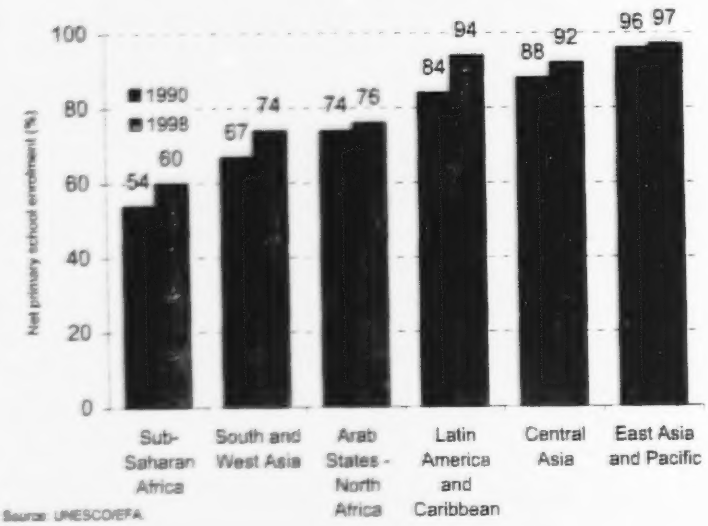
A. Primary education

260. According to the *Education for All Assessment 2000*, the most extensive assessment of educational development ever made, net enrolment ratio increased in the 1990s in all major regions. Nevertheless, the World Summit goal of universal access to basic education has not been achieved. There are still more than 100 million children of school age who remain out of school, approximately 60 per cent of whom are girls. These are working and exploited children; children affected by conflict and by AIDS; children with disabilities; children of poor families and of ethnic minorities; and children in rural, peri-urban and remote areas. Millions more are receiving an education of poor quality.

261. The breakdown of net enrolment ratio by region masks considerable variations between and within countries. Some regions, in fact, are barely keeping up with the growth in the number of school-age children and a few countries are falling back.

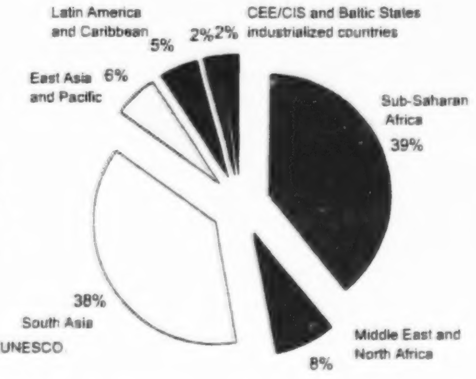
262. The most notable progress has been in the Asia and Pacific region, where both the net and gross enrolment ratios have moved closer to 100 per cent in most countries. Participation rates have improved and enrolment is more age-appropriate, reflecting greater internal efficiencies in the education system. Steady progress in the countries of the Caribbean and Latin America has resulted in a decline in the number of children out of school. Similar progress has occurred for children in school in the Arab States, although the overall number of out-of-school children has increased. South Asian enrolment increases, however, have barely kept up with the growth in the population of school-age children. Completion rates have improved in some but not all countries of this region, and out-of-school numbers remain high.

Figure 18. Primary school enrolment (net), change over period 1990-1998



Source: UNESCO/EFA.

Figure 19. Children of primary school age not in school, by region, 1998



Nearly 120 million primary school age children are not in school
- 57% girls
- 43% boys

Souce: UNICEF/UNESCO

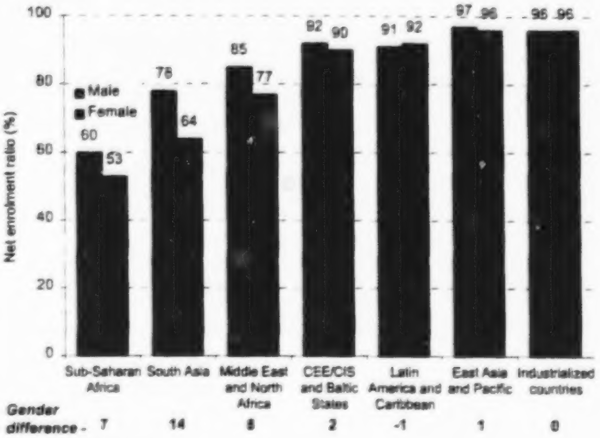
263. The region experiencing the least progress — and in some cases actual regression — is sub-Saharan Africa. War and displacement, malnutrition and disease (especially HIV/AIDS) and economic crises have led to declines in the availability and quality of education, health and other services in a number of countries. Over 40 million primary-school-age children in this region are not in school, and there are very large disparities — by gender, urban-rural location and other factors — within and between countries.

264. From a strategic point of view, several key aspects deserve attention with regard to primary and basic education. These include the gender dimension, education in emergencies, the relationship between child labour and education, ensuring that education includes *all* children, and improvements in quality.

The gender gap

265. The gender gap is the difference in school enrolment, retention and completion ratios between boys and girls — in most cases to the disadvantage of girls. The gap has narrowed significantly in recent years in the two regions where it was the greatest: in the Middle East and North Africa and in South Asia. Despite considerable progress, there is a great deal more to be done in these regions and elsewhere. In sub-Saharan Africa, the gender gap has remained unchanged over the past 10 years. Again, large disparities persist both among and within countries — the latter often hidden by national averages.

Figure 20. Net primary school enrolment, by sex, 1998



Source: UNICEF/UNESCO.

266. Even in countries where quantified gaps are minimal, inequalities in educational content, methods and facilities may exist, resulting in major differences in achievement. Thus, the lack of an obvious gender gap can still mask great gender inequalities. In regions in economic decline, where enrolments are falling, girls may fall behind even further. Where traditional beliefs and practices remain strong, girls may be expected to become housekeepers, child minders and wives at an early age. There are also prejudices regarding the education of girls in male-dominated schools, violence against girls in schools and, often, gender stereotypes in school curricula.

Box 9

Priority focus on girls' education

Why?

- Education is a right.
- Almost 60 per cent of the children denied this right are girls.
- Of 52 countries with a primary school gender gap of 5 percentage points or more in 2000, girls are behind in 47 countries.
- The transition from primary to secondary school is marked by large gender gaps.
- Female literacy rates lag behind those of males.
- Girls are systematically disadvantaged on the basis of gender, in addition to disadvantages resulting from poverty, disability, minority status, violence, malnutrition, rapidly changing social systems and the risk of HIV/AIDS.

What are the benefits?

- A right fulfilled.
- Prospects for increased family income.
- Later marriage and reduced fertility rates.
- Reduced infant mortality.
- Reduced maternal mortality.
- Better nourished and healthier children and families.
- Greater opportunities and life choices for women (including protection against HIV/AIDS).
- Greater participation of women in development and in political and economic decision-making.

Examples of innovative approaches

Fille-à-fille (Benin)

Under the girl-to-girl tutoring/mentoring activity in Benin, older primary-school-age girls are matched with younger girls just entering school who are considered at risk of dropping out.

Floating schools (Cambodia)

Floating schools accommodating the seasonal movements of populations living in boat homes have increased access to primary schooling up to grade 2 for both girls and boys. A double shift further facilitates girls' participation in education.

Girls' education/child labour (Peru)

A UNICEF-supported programme helps working children who are out of school get to school and obtain a good education. So far, it has reached 30,000 girls and boys excluded from schools. Local commitments were obtained to ensure enrolment or re-enrolment of students, especially girls.

Complementary opportunity primary education (Uganda)

As part of the national strategy for universal primary education, the programme focuses on the development of complementary approaches to basic education for adolescents who have missed the primary grades. It is now operating in eight districts. Achievement rates tend to exceed those of students in conventional schools.

Diphalana project (Botswana)

Diphalana focuses on pregnant girls and fathers-to-be who would drop out of school. Through links established with schools, the project provides free day care for the children of teenage girls and boys and parenting classes for young parents. Activities are part of national policies for improving the situation of pregnant girls.

Girl-friendly policy (Zambia)

In 1995, Zambia adopted the Declaration on Education of the Girl Child, placing special emphasis on promoting learning achievement and counselling. The Programme for the Advancement of Girls' Education, piloted with support from UNICEF, is now being taken to scale under the sector-wide approach.

Community schools focusing on quality (Egypt)

With about 100 schools in operation and more to be established, the community schools project is beginning to expand. Activity-based learning is the pedagogical basis and teacher training promotes gender awareness. In the project areas, girls' enrolment has increased from as low as 30 per cent to as high as 70 per cent, the attendance rate is consistently between 95 and 100 per cent and student achievement on national exams is high.

Bangladesh Rural Advancement Committee schools (Bangladesh)

Through policies aimed at attracting and retaining girls in school, Bangladesh has made enormous advances in increasing the enrolment of girls in primary school — now exceeding that of boys. The innovative efforts of Bangladesh Rural Advancement Committee schools, later adopted by others, have contributed to this remarkable outcome.

B. Education and emergencies

267. The 1990s have seen a growing realization that education must be an integral part of responses to emergencies. It can help restore a sense of stability in situations in which children are likely to be traumatized. Even in the early stages of an emergency, educational needs should be identified. Improved educational response during emergencies requires the provision of more textbooks and learning materials. It may also need to include such elements as awareness of landmines, cholera prevention, environmental concerns, and education for peace and reconciliation. Attention should also be given to the settings in which children learn in locations affected by crisis.

268. Since the mid-1990s, UNICEF, UNESCO and other partners have delivered the "school in a box" kit, containing basic education materials for up to 80 students, to over 30 countries affected by emergencies. New kits are being developed for use with very young children and to support recreation.

269. Increasing the access of refugee children to schooling is a key priority for many agencies, including the Office of the United Nations High Commissioner for Refugees (UNHCR). Despite limited and uneven funding support, some progress has been made in education among refugee children. In Armenia, for example, a textbook project has recently helped to reduce drop-out rates among both local and refugee schoolchildren.

C. Child labour and education

270. Education is a central strategy for preventing child labour. Children tend to participate more in work activities when education is not available or when the available form of education does not meet the criteria of affordability, quality and relevance. Many children exploited through work stop going to school altogether. For those who combine work and school, their ability to learn is seriously affected as a result of fatigue.

271. Efforts to develop more relevant school curricula — to impart both life skills and vocational skills — are an important contribution to combating child labour.

272. Similarly, non-formal approaches to learning have brought valuable lessons for educators and those involved with working children. Examples of innovative approaches include a South Asian programme for children released from carpet factories, offering free food, lodging and education, and another programme that has opened schools for former bonded child labourers, compressing five years of primary education into three.

273. The coming into force of the ILO Convention No. 182 on the elimination of the worst forms of child labour and national legislation in this area have been important steps in the last decade. The prohibition of any work that is hazardous or detrimental to the education, health or development of the child, combined with legislation making primary education compulsory and free to all, have received considerable attention — with added emphasis on ensuring that the age of completion of compulsory education coincides with the minimum age for entry to employment (see part two, chap. III, sect. A).

Including the excluded

274. In 1994, the Salamanca Statement and Framework for Action on Special Needs Education resolved that ordinary schools should accommodate all children, regardless of their physical, intellectual, emotional, social, linguistic or other conditions. UNESCO, UNICEF, Save the Children and other agencies have developed special programmes to promote the education of children who are subjected to various forms of exclusion from society. These aim to obtain a greater involvement of public authorities in the establishment of basic education and vocational training for marginalized and excluded children, in particular street children, child labourers and children with disabilities.

Quality of learners and the learning environment

275. The health and nutritional status of children and their readiness to learn, as well as the quality of the school environment, teaching and learning methods, and the educational content transmitted and actually received are often still grossly inadequate. Ironically, the enrolment of more children in schools in the 1990s has heightened the challenges in enhancing quality. Poor quality leads not only to high drop-out rates among students and families who are dissatisfied with what is learned but also to a large waste of public and household resources and energy.

276. A study done for the World Education Forum, which reviewed results of achievement tests in literacy, numeracy and life skills in some 36 countries, showed that in most cases students are falling well below what is expected of them in terms

of literacy and numeracy. In 19 of the 29 countries analysed, fewer than half the children were reaching a basic level of numeracy in terms of number skills by the fourth year. Even more uncertain is the extent to which children are learning the skills and values essential for living in an increasingly complex and often risky world, such as respect for differences, conflict resolution, compromise and tolerance.

277. Many economically advanced and industrialized countries, which had already achieved universal primary education at the beginning of the decade, have in the 1990s directed actions towards quality improvement and towards specific groups whose members tend to perform poorly and are in various ways "at risk". Of growing concern are children subject to multiple disadvantages. Various grounds for discrimination — gender, race, ethnicity, religion or language — can combine to exclude children not only from school but also from later employment.

278. Schools that are unfriendly, unhealthy, unsafe and unsupportive of children — especially girls — contribute to the problem of school drop-outs. Children enter school in greater and greater numbers, but then many problems arise that prevent them from completing the education they require. Family needs for labour and income pull them out of school, and the culture and language of the classroom and schools of poor quality push them out.

D. Secondary and technical/vocational education

279. More countries are defining "basic education" to include nine and even 12 years of schooling and attempting to ensure that many more children achieve these levels. It is clear that more effort must be made to keep children in school until at least the age of 15. Adolescents, especially in the critical years between the completion of primary school and the age of 15, face a multitude of risks, including early marriage. Again, however, achievements vary greatly across regions, within countries and by gender. Data are not readily available or comparable on education for young people, especially regarding non-formal approaches to education, but gross enrolment rates for boys in secondary education range from 28 per cent in sub-Saharan Africa to 66 per cent in East Asia and the Pacific. The same rates for girls range from 22 per cent to 60 per cent.

280. In Western Europe and other advanced economies, including the CEE/CIS countries, the decade of the 1990s had been characterized by a continuing preoccupation with youth and adult unemployment. Numerous programmes have been introduced in schools and vocational training institutions to improve the transition from education to working life. Initiatives include those based in workplaces and run by private training companies. Guidance and services for labour market placement have been expanded and improved. An underlying concern is that unless this transition can be achieved, social cohesion will be seriously threatened.

281. In many African countries, formal vocational preparation is high on the policy agenda but youth unemployment rates are often extremely high. With weak economies and no clear orientation for future labour market growth, the effectiveness of these programmes is often questioned.

282. In general, the provision of education and training for young people and adults in skills acquisition is increasing in scale, with growing emphasis on broadly defined competencies and life skills. New partnerships have emerged among

education providers, industry and community bodies; new frameworks are being established for recognition of a wide variety of learning and the award of qualifications; and there is recognition of the need to address weaknesses in collaboration among ministries and in the coordination of diverse programmes.

Key lessons learned

283. Much has been learned from efforts to achieve the goals of the World Summit and the Jomtien Declaration in the past decade. Despite the sometimes disappointing numbers and achievements, much more is known about "what works" in education than a decade ago. What were innovative ideas and promising pilot projects have become desired reforms and national programmes, and successful approaches to particular problems — such as in girls' education and schooling for children in remote areas — have been developed, documented and disseminated. These include the following:

Specific ways to get more children into school:

- Universal birth registration to ensure that children have the documentation needed to enter school;
- Social mobilization and parental education on the value of education;
- School-community mechanisms to seek excluded and at-risk children and help them into school;
- Stronger school-community partnerships in school management;
- More flexible approaches to education, including multi-grade teaching, mother tongue programmes and flexible calendars and timetables;

Specific efforts to ensure that girls have full and equal access to basic education and are able to reach the same levels of achievement:

- Advocacy and mobilization programmes at the national and community levels;
- Programmes to eliminate cultural, social and economic barriers to girls' education (e.g., child-care programmes for younger siblings, policies allowing pregnant girls and young mothers to stay in school, elimination of school fees and, where necessary, economic incentive programmes, including for orphans);
- Nationally and locally determined policies and programmes to eliminate all forms of gender-based discrimination, including gender-sensitive curricula and teaching-learning processes, and child-friendly environments;

Comprehensive policies and programmes which enhance educational quality and promote gender sensitivity, including:

- Quality learners — children who are healthy, well-nourished, ready to learn and supported by their families and community;
- Quality content, with relevant curricula and adequate materials for literacy, numeracy and life skills;
- Quality teaching and learning processes;

- Quality learning environments which are healthful, hygienic and safe, which promote physical as well as psychosocial-emotional health and which protect children from abuse and harm;
- Quality outcomes, clearly defined and accurately assessed in terms of knowledge, attitudes and skills.

284. Other key lessons from the past decade are that:

- Countries can succeed, even with low incomes per capita, if they have leadership commitment, use strategic planning based on realistic goals and deploy good management skills and competent personnel. Botswana, Malawi and Uganda in sub-Saharan Africa and Bangladesh and China are good examples of countries that have progressed. Wide partnerships are essential for progress;
- Teachers, administrators and others working in education must also be encouraged to see reforms and new strategies as their own and not as a threat to their status;
- Improving the quality of education requires sustained, comprehensive action which addresses the many dimensions of quality. Short-term, narrowly focused projects will not do the job;
- In an increasingly complex world, schools must be able to play an important role in promoting peace and respect for diversity, family and cultures, human rights and fundamental freedoms. In situations of crisis and conflict, schools can help in restoring stability and a needed sense of routine to children and adults;
- Both formal and non-formal approaches are needed in the provision of education. Whether supported by public or private efforts, they must be developed in the context of a unified education system attempting to provide quality education to all children.

E. Early childhood development

285. The World Summit for Children called for an expansion of early childhood development activities, including appropriate low-cost and community-based interventions. The Jomtien Conference earlier in 1990 also urged interventions at the family level and a focus on poor, disadvantaged and disabled children. Supporting these declarations is the fundamental principle of the Convention on the Rights of the Child that all actions for children must be in their best interests, starting with the care they receive in the first days of life.

286. In the decade since these declarations, much has been achieved, although at very different rates in different countries. There is, first of all, a greater understanding — among researchers and policy makers, donors and planners, practitioners and parents — of the importance of comprehensive quality care for young children. Early childhood care is also understood to be multidisciplinary in nature, requiring action in effective parenting and health, nutrition and learning to converge. The fact that learning starts at birth is now more widely known. New scientific evidence has revealed the critical importance of the early years for the quality of children's later lives in the personal, social and economic spheres. The

importance of parental education in the full range of care practices — for health, nutrition, hygiene and early stimulation — and of strong partnerships among families and community-based organizations is also now more evident. The gender dimension of ECD — the differential treatment of girls and boys and the process of gender socialization in the early years — is more widely recognized.

287. Great strides have been made in some aspects of ECD, especially in the reduction of infant and child mortality and micronutrient supplementation through service interventions (see part two, chap. I). But the coverage of early childhood care programmes, although increasing, is very difficult to assess due to wide differences in the definition of such programmes and the lack of visibility of many privately supported activities, such as day-care services. In general, most progress has been made among urban and more elite populations, with a focus on formal pre-school programmes. Many of these are worryingly academic in nature. More focus should be given to the needs of younger children and their families; to play-based learning; to cost-efficient and high-quality family and community programmes; and to the special needs of the most vulnerable and disadvantaged children. Experience shows that the best early childhood programmes deal holistically with the child's interrelated physical, intellectual and emotional needs.

288. Efforts by NGOs, community groups and faith-based organizations often provide the basis of these programmes. However, more Governments have recognized the need for clear policies and support measures to help these initiatives to grow — even if they cannot supply much financial support themselves. Thus, countries such as Jamaica, Jordan, Namibia, Nepal, the Philippines and Turkey are moving towards comprehensive policies on ECD which attempt to integrate programmes dealing with different aspects of the young child — health, nutrition, stimulation and early learning — and which include specific legislation, programmes and budgets for greater service provision, as well as regulatory frameworks and training. These and other countries are also placing much greater emphasis on providing education to parents and support for parents, often using participatory approaches and innovative communication methods.

Box 10

Innovative early childhood programmes

In **Jamaica**, the Roving Caregivers programme supports teen mothers in a country where more than 20 per cent of all births are to girls aged 15 to 19. Infant day care allows young mothers to attend counselling, job training and classes focusing on both academic subjects and self-esteem. The children's grandmothers and fathers also attend special sessions on child care.

A programme in **the Philippines** provides health, nutrition and early education services to young children in marginalized communities. Involving various ministries at the national level and extension agents and child development officers at the community level, the programme helps to track every child's growth and to provide access to iodized salt, micronutrients, clean water and a toilet, and counsels parents on nutrition and child development.

In **Cuba**, a national community-based programme was launched in 1992. "Educate your child" provides activities both for children — such as outings to parks, cultural facilities and sports centres — and for their families, including counselling and information. This programme, which reaches a large percentage of Cuba's 0-6-year-olds, is a major factor in the country's educational achievements at the primary school level.

In **Namibia**, NGOs and community groups are formalizing a support network of child-care workers and home-based initiatives for improving child-care practices — both in formal ECD facilities and at home. Community mentors attend well managed facilities on a periodic basis and then share their experiences with other caregivers.

In **Turkey**, the mothers' training programme responds to the fact that few families can afford centre-based child care. Mothers and other family members are trained to create a healthy, stimulating home environment, and a video series covering child development reaches over 80,000 mothers in the country.

289. Internationally, support for ECD policies and programmes has increased, working across sectors at both national and local levels. During the past decade, the number of ECD projects supported by the World Bank has increased substantially. UNICEF and UNESCO are also promoting more comprehensive ECD programmes, as well as healthier, safer and more stimulating early education activities. Bilateral agencies and NGOs, both international and local, are also involved in ECD. Facilitating the work of many of them and communication between them is the inter-agency Consultative Group on Early Childhood Care and Development, created in 1984 and dedicated to improving the conditions of young children at risk.

290. As the new decade begins, more funding at both the national and international levels is becoming available for ECD; better systems of monitoring of programme coverage and impact are being developed; more attention is being paid to the quality of curricula, the skills and training of caregivers and the adequacy of resources and facilities; and more focus is being placed on overcoming the remaining and often significant disparities in the provision of ECD opportunities across and within countries.

Key lessons learned

291. Among the key lessons learned in early childhood development:

- All dimensions of a young child's development — health and nutritional status, hygiene and cognitive, social and emotional development — are interrelated and provide the essential foundations for healthy and productive lives. Each must be addressed in complementary ways;
- Governments have an important role to play in establishing policies and standards for all initiatives, including non-government and private ones, to meet the multiple needs of the young child and the family and in encouraging other actors to address these needs;

- Increased investment in the development of young children will save both public and private funds in the long run, through lower costs for health care, greater efficiency in the education system and fewer demands on social welfare and justice systems;
- Parents and primary caregivers, in particular poor families facing multiple stresses, need support if they are to provide essential care and stimulation that infants and young children need to survive, grow and develop.

F. Adult literacy

292. The World Summit for Children called for the reduction of adult illiteracy to at least half of its 1990 level, with emphasis on female literacy. The percentage of illiterates worldwide has since declined from 25 per cent to 21 per cent — a one sixth reduction.

293. During the 1990s, as stated in the EFA global synthesis, literacy has come to be accepted as a product of a complex interplay of factors: cultural, social-economic and educational, not a disorder or disease that can be swiftly and effectively eradicated. Assessing progress towards that goal is a complex undertaking. There is considerable variation in the very terms used to describe literacy (or, increasingly, literacies) — such as early literacy, functional literacy, visual literacy, technological literacy and so on. There is also continuing disagreement about how to measure literacy — whether by self-reporting, grade level achieved, literacy tests or some other means.

294. Yet it remains an important goal. Adults need to be literate and numerate for their own benefit: their inability to read, write, count or calculate puts them at a disadvantage in almost all aspects of their daily life. In addition, illiterate parents may lack the know-how to encourage reading, counting and other skills among their children. Despite the constraints facing measurement, end-of-decade assessments suggest that there has been some progress towards this goal, with modest declines in the estimated rates of illiteracy in all regions. But the absolute number of illiterates has remained at about 880 million over the last two decades worldwide.

295. Illiteracy is becoming more concentrated, however. UNESCO reports that, in every region except the Americas, females account for a growing percentage of all illiterate adults. Besides its growing concentration among women, world illiteracy is also increasingly concentrated geographically in South Asia and in the least developed countries in sub-Saharan Africa. The three largest South Asian countries together are estimated to account for nearly half of the world's illiterate adults today, compared to about one third in 1970.

296. But illiteracy is not confined to developing countries. More and more studies of the levels of literacy required to be competent in the daily life of industrialized countries show that large percentages of young people and adults cannot perform to the minimum levels of literacy and numeracy needed to function effectively. This problem has intensified with the spread of the "information age", in which, for some countries, computer-based literacy is fast becoming a basic skill.

297. Beyond the numbers, other trends are important. NGOs have increased their activities in support of literacy, in part because of stagnating interest and investment from national Governments and international agencies. There is greater appreciation

of the need to understand literacy in ways that are more contextual and user-specific. Adult literacy is only one aspect of a greater range of literacies needed in the new century and is inseparable from early literacy of the young child, family literacy and the literacy gained through traditional primary education. And based on this new understanding, there is now greater concern for the design of assessment tools and monitoring mechanisms to make them both more reliable and more accurate.

Key lessons learned

298. Among the key lessons learned in the area of literacy:

- Illiteracy will persist — and replicate itself across the generations — unless there is a political decision to eliminate illiteracy in countries where it persists and to allocate the needed resources;
- Progress has been difficult to measure because clear definitions and targets, as well as mechanisms to assess their achievement, are generally lacking;
- Formal national mechanisms to increase literacy have their disadvantages, including weak coordination among major actors, unclear lines of responsibility across levels, top-down strategies, conservative approaches and bureaucracies. Nevertheless, the experience of China and Indonesia shows that concerted and sustained activities, even using such mechanisms, can produce progress towards the goal;
- The strong involvement of NGOs and grass-roots organizations, especially those formed by women, and the use of community- and district-level structures is important for the reduction of illiteracy;
- Adult literacy programmes will not work where they remain isolated interventions, with little follow-up, divorced from the mainstream of education reform and innovation;
- Education levels and literacy of parents, women in particular, are direct determinants of the survival, growth and development of children.

G. Knowledge, skills and values required for better living

299. The World Summit for Children called for *increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all education channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness assessed in terms of behavioural change.*

300. The past decade has seen significant advances in the use of communication as a core strategy contributing to the achievement of desired outcomes for children. Over the course of the last few years in particular, there has been a marked shift in communication approaches, with added emphasis on the involvement of communities that were once defined as "beneficiaries". They are now recognized as full partners, together with Governments and civil society organizations (CSOs), in initiatives seeking to improve the well-being of communities and children.

Box 11

An animated approach to girls' empowerment

At the beginning of the decade, the Governments of South Asia (Bangladesh, India, Nepal and Pakistan) decided to name the 1990s the "Decade of the girl child". To support that resolution, UNICEF developed the Meena Communication Initiative, a mass communication project aimed at changing perceptions and behaviour that hamper the survival, protection and development of girls in the region. The Meena Initiative (similar to the Sara Initiative, an Eastern and Southern Africa spin-off of the project launched in 1995) involves the production of a multimedia package, including animated films, videos, radio series, comic books, posters, discussion guides, folk media (puppets, song and drama), calendars, stickers and other materials. Gender, child rights and educational messages are communicated using the medium of popular entertainment. The main character is a young girl called Meena whose life experience exposes the discrimination against girls and women and offers positive insights that families and communities can learn from. She is full of vitality and dynamism, emphasizing a positive view of the girl child, not as a victim but as a person with potential. The topics were identified through field research and reflect the rights and priority needs of the girl child, including her education, development and health; they also convey life skills that enable girls to assume control over their own lives. The series ends up promoting the rights of South Asian children — both boys and girls. Evaluations of the Meena project have been overwhelmingly positive. From Bangladesh to Nepal, people have embraced Meena, not only for the novelty of the electronic medium but also the educational value of the series. In one study done by Save the Children in Kathmandu, Meena was the favourite role model for street children. In another survey done in Dhaka, more than 50 per cent of those interviewed knew who Meena was and what she stood for.

301. Far more systematic approaches are also being taken in developing communication strategies, with steps including participatory research and assessment, planning, implementation, monitoring and evaluation. In addition to using techniques of media communication and social marketing, innovative ways of using different media at all levels of society were effectively developed over the decade, such as the Meena Communication Initiative in South Asia (see box 11). *This was particularly successful in engaging and involving children themselves,* thereby developing from an early age core values and behaviour, such as gender equality and the need for all children to have an education.

Extending technologies to improve access to learning

302. New information and communication technologies have great potential for disseminating knowledge, improving access to learning among remote and disadvantaged communities, supporting the initial and continuing professional development of teachers, enhancing data collection and analysis, and strengthening management systems. They are also providing opportunities to communicate across

classrooms and cultures. Although these channels may not reach children in the most disadvantaged and marginalized communities, they can and do reach those agencies and actors which do reach such children, including service providers and many NGOs.

303. The challenge ahead is thus to reduce the existing disparities in access to knowledge acquisition through new technologies — the "digital divide". Policies and strategies must focus on these and other inequalities, particularly in the parts of the world plagued by persistent poverty, conflict and discrimination.

H. Evolution of education policies and strategies during the 1990s

304. When the Plan of Action of the World Summit for Children was being prepared, strategists were convinced that, just as for primary health-care and child survival efforts in the previous decade, there was a need for a cutting-edge intervention that could help rapidly overcome the many obstacles to progress in basic education. Focus on universal primary education was to be such an intervention, particularly in sub-Saharan Africa and South Asia.

305. Strategies to achieve universal primary education included:

- Setting goals and developing strategies in each country;
- Setting and assessing learning achievement levels;
- Giving priority to girls and women and other disadvantaged groups;
- Promoting such elements as ECD and the use of mass media and other means of effective communication to complement primary education and adult literacy efforts;
- Mobilization of all organized elements in society — young people and women's organizations, trade unions, religious bodies, social and cultural organizations, professional groups, cooperatives and industrial enterprises — to place basic education high on the national agenda.

306. Achieving the major education goal of universal access to basic education was considered an ambitious but affordable proposition. Countries of the world were already spending more on primary education than on any other basic social service. The United Nations and the World Bank estimated that some $83 billion a year (in 1995 dollars) was already being spent on primary education and that the additional cost of achieving universal coverage was $7 billion to $8 billion per year — roughly the cost of three nuclear-powered submarines.

307. Some countries, especially in East Asia, have made and sustained the necessary investments and have succeeded in raising primary school enrolment to near universal levels. Overall, however, with a few notable exceptions, levels of investment in basic education have been disappointing, especially in the two regions of highest priority, sub-Saharan Africa and South Asia.

308. Most international aid for education goes to university-level education. Less than 2 per cent of ODA goes to primary or basic education, and the major recipients of aid for education are not among the least developed countries. Aid for basic education has increased only slightly as a proportion of all aid to developing countries.

309. Over the past decade, the World Bank has become the single largest source of international financial support for basic education. The Bank's targets for the 1990s included doubling the size of its education lending, increasing technical assistance and lending specifically to basic education, and building partnerships around these endeavours. Subsequently, at the Fourth World Conference on Women, held in Beijing in 1995, the World Bank increased its commitment to support for girls' education. World Bank lending for basic education has shifted in content and focus to place more emphasis on raising children's learning achievement. More projects support inputs, such as better quality textbooks and instructional materials, improvement of pre- and in-service teacher training programmes, and school health and nutrition programmes.

310. Responding to public pressure, the Bretton Woods institutions have made greater efforts in the past 10 years to protect basic education from the reductions in public sector expenditure that often accompany financial stabilization programmes. However, the goal of universal primary education has been compromised in a number of countries that were obliged to reduce overall social development spending, at least temporarily, in order to qualify for international lending assistance. This, coupled with a crippling debt burden, has made it impossible for many least developed countries and even some middle-income countries to increase educational spending as much as they otherwise might have intended. Essential recurrent items, such as basic salaries for teachers, classroom materials and school maintenance, have tended to suffer, and the quality of teaching and learning along with them.

311. During the 1990s, sector reform packages in some countries led to the introduction of user fees where basic education had previously been free. This directly contradicts the commitments to free and compulsory primary education undertaken by States parties to the Convention on the Rights of the Child. Experiences in several countries in Africa illustrate that fees can be a formidable obstacle for poor families to educate their children. In one East African country, cuts in educational spending related to its fiscal stabilization programme caused a dramatic rise in school drop-out rates, from near zero in 1979 to about 40 per cent in the mid-1990s. A neighbouring country found that, after it eliminated a modest school fee and school uniforms in 1994, primary enrolment soared by about 50 per cent from one school term to the next.

312. The right of children to free and compulsory primary education of good quality was clearly recognized in the Framework for Action adopted at the fourth global meeting of the International Consultative Forum on Education for All (Jomtien+10), which was held in April 2000 in Dakar, Senegal. Those excluded from education — both from school and, within classrooms, from learning — are drawing greater attention. Analyses of causes of exclusion, a better understanding of multiple disadvantage (such as being a girl and poor and working) and the value of flexible, non-formal approaches to reaching the excluded are now more widespread. The United Nations girls' education initiative is one response to such analysis and understanding.

Box 12

EFA partnerships

While Education for All ultimately requires country-level commitments, resources and partners, networks of like-minded actors — multilateral and bilateral agencies, NGOs, foundations and the private sector — are increasingly working together at global and regional levels in order to provide the knowledge, experience and expertise needed to help achieve national EFA goals.

The **United Nations girls' education initiative** is a 10-year sustained campaign to improve the quality and availability of girls' education, launched by the Secretary-General in Dakar. Linked directly to existing mechanisms (common country assessments/United Nations Development Assistance Framework (UNDAF), the comprehensive development framework, poverty reduction strategy papers, sector investment programmes, sector-wide approaches, EFA plans) and starting with the United Nations system, it promotes strategic action in a collaborative and concerted effort, with a focus on the country level. Its objectives are to strengthen political and resource commitments, end the gender gap and ensure gender equality in all aspects of education, with a special focus on countries in crisis. Coordinated by UNICEF, with 15 United Nations entities, it has been expanded to include bilateral agencies and NGOs, and is already operational in Bangladesh, Chad and Egypt.

The **Focusing resources on effective school health initiative** promotes the essential components of healthy, effective schools: health-related school policies, provision of safe water and sanitation, skills-based health education, and school-based health and nutrition services. FRESH is supported by UNESCO, UNICEF, the World Bank, WHO and an increasing number of other actors through partnerships between teachers and health workers, the education and health sectors; effective community partnerships; and pupil awareness and participation. FRESH provides technical assistance and training in the incorporation of school health programmes into EFA national plans of action. It is currently being implemented by a variety of partners in several African countries.

The **Network on Education in Emergencies**, facilitated by UNESCO, UNICEF and UNHCR, with support from the World Food Programme (WFP), the World Bank, UNDP, bilateral agencies and NGOs, is working to ensure greater complementarity among agencies concerned with restarting and reforming education in conditions of crisis. NEE has task teams for networking and information-sharing; learning resources and supplies; monitoring and indicators; and post-primary education. It is linked to gender-related emergency issues through the United Nations girls' education initiative and reports to both EFA and humanitarian assistance structures.

The **Inter-Agency Working Group on AIDS, Schools and Education** is developing a global strategy highlighting AIDS issues related to schools and education. The Group promotes knowledge of country experience, innovation, intersectoral collaboration and participation, and responds to the impact of AIDS on education and to the use of education for AIDS prevention within a wider continuum of care and support. With the International Institute for Educational Planning, it has a special focus on strengthening the role of schools and education systems to mitigate the impact of AIDS and to maximize the use of education for preventive purposes. It does this by attempting to "break the silence"; assessing the impact of AIDS on educational demand, supply and quality; and ensuring that AIDS issues are addressed in all programming exercises and sector-wide approaches.

The **Consultative Group on Early Childhood Care and Development** represents a consortium of international organizations that support programming for young children aged 0-8 and their families. It includes the Aga Khan Foundation, the Bernard van Leer Foundation, Carnegie Foundation, Christian Children's Fund, Inter-American Development Bank, Save the Children (USA), UNICEF, UNESCO, the United States Agency for International Development (USAID), and the World Bank, with links to regional early childhood care and development (ECCD) networks involved in programming, research, policy advocacy, monitoring and evaluation. The Group identifies gaps, critical issues and emerging areas of need and interest; collects and analyses experience; synthesizes and reviews literature and experience; builds capacity; and promotes links with other sectors.

313. The quality of education has become a central concern during the decade. The Jomtien and Dakar frameworks stress repeatedly that enrolment in and completion of a certain number of years of schooling are not enough. Goals in these areas cannot be separated from concerns for the quality of education achieved. The decade has seen rising emphasis on defining and measuring what it is that children should be learning. Most significantly, the 2000 Dakar Framework moved considerably beyond the concern of Jomtien for learning achievement to include the improvement of all aspects of the quality of education. Educational quality is now understood to encompass:

- The situation of children entering and in school — their health, nutritional, and developmental status;
- The quality of educational content, teaching-learning processes and achievement outcomes;
- The quality of the school's environment for learning — the extent to which it is safe, healthy, protective and, above all, focused on the best interests of the child.

I. Priority actions for the future in education and literacy

314. Key recommendations for priority future actions on basic education, ECD and adult literacy are set out below.

Basic education

315. EFA policies must be developed by a partnership of government and civil society within a well integrated sector framework linked to poverty reduction and broader development strategies. These policies should address the critical issues of resource mobilization, adequate budget provisions, equity in spending and cost-effectiveness in order to ensure the provision of free primary education for all children. Countries must progressively but urgently seek to realize the right of all children to secondary education as well.

316. The wider international EFA partnership of Governments, NGOs and development agencies should both expand and accelerate efforts. Such initiatives as the United Nations girls' education initiative, inter-agency networks on education and HIV/AIDS and on education in emergencies, the FRESH initiative, and the 20/20 Initiative and debt relief efforts in favour of social development must be further advanced if education goals are to be achieved.

317. Education systems have a responsibility to find the children who are not in school and to design programmes to include every child in education, guided by the principle of "best interest of the child".

318. Programmes should pursue specific targets for the enrolment and achievement of girls in countries and districts with significant disparity in girls' access to education. Integrated plans for gender equality in education should be developed which recognize the need for changes in attitudes, values and practices to ensure equality for girls and boys.

319. Further work must be done to build the necessary capacity to measure and monitor standards of achievement, both in literacy and numeracy, and also in a broader range of knowledge, skills and attitudes. Efforts to improve quality must take into account a broad definition of what it means — beyond the essentials of good, clean classrooms with adequate texts and trained teachers, to a concern for child readiness for learning and for the school as a safe and secure place for children.

320. Teachers, who are a key to good education, must have the recognition, professional support and remuneration necessary to enable them to do the job they need and want to do — and to feed and clothe their own families.

321. The functioning of education systems affected by conflict, natural disasters and instability — and, more and more, by HIV/AIDS — must be addressed with great urgency. Education must be part of the initial response within any programme of humanitarian assistance, and education systems and schools should play a larger role in preventing AIDS and in responding to its devastating impact on children, their families and their learning.

322. New information and communication technologies should be harnessed to help achieve education in ways that reduce rather than increase disparities in access and quality, making schools more inclusive.

Early childhood development

323. The multiple needs of the young child must be met through more integrated approaches to ECD in parent and caregiver education, programming and policy-making. Even greater attention in this regard should be given to children aged 0-3 and to their stimulation and early learning.

324. The resulting programmes must be comprehensive in nature, focused on the child, gender-sensitive, centred in the family, based in the community and supported by comprehensive national policies. Governments should establish clear policies in relation to young children and their families, leading to increased resources and an effective division of responsibility among government agencies and between them and civil society.

325. Special attention must be given to the development of the most disadvantaged and vulnerable young children, especially girls, children of minority groups, displaced children and orphans.

326. Improved methods are needed for monitoring and assessing the number and effectiveness of public programmes and local initiatives for young children.

Adult literacy

327. Targets for the reduction of illiteracy must be clearly defined, and better indicators, assessment mechanisms and databases put in place.

328. CSOs should be encouraged to sustain their involvement in literacy programmes, and Governments and development agencies should become stronger partners with them in this effort.

329. Literacy programmes should be an integral part of broader education action plans and should form part of sector-wide approaches in reform and development.

III. Special protection measures

330. The seventh of the major goals of the World Summit for Children called for the *protection of children in especially difficult circumstances, particularly in situations of armed conflict*. According to the Plan of Action, children living in especially difficult circumstances include orphans and street children; refugees and displaced persons; victims of war and natural and man-made disasters; children of migrant workers and other disadvantaged groups; children trapped in prostitution, sexual abuse and other forms of exploitation; disabled children and delinquent children; and victims of apartheid and foreign occupation. Special attention was given to the issues of child labour; illicit drug use; the abuse of alcohol and tobacco; and the protection of children during armed conflicts. Although this goal was ill-defined at the time, debate and action since the adoption of the Convention on the Rights of the Child have helped define appropriate strategies and clarify what is meant by "protection of children in especially difficult circumstances".

A. Child labour

331. The 1990s saw a dramatic change in the international profile of child labour. This was mainly because of two factors: the rising interest in human rights generally and child rights in particular, and the related movement for fair labour standards in the global economy.

332. As the ILO has stressed, child labour seriously hinders education and the acquisition of necessary skills, reducing lifetime earning potential and preventing upward social mobility. Child labour also impedes long-term economic development by reducing the pool of skilled and educated people necessary for development.

333. The normative framework on the protection of children from child labour was greatly strengthened over the decade. The Convention on the Rights of the Child helped enhance existing ILO standards, especially the Minimum Age Convention, No. 138 (1973), by recognizing the right of the child to protection from economic exploitation and any work that is likely to be hazardous or to interfere with a child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development, and promoting the best interests of the child as a guiding principle in all actions concerning children. These provisions have helped promote a growing recognition of the connections between the protection of children from economic exploitation and their enjoyment of the right to education, health care, rest, play and an adequate standard of living.

334. In 1999, the unanimous adoption of ILO Convention No. 182 on the elimination of the worst forms of child labour gave expression to a global consensus that certain forms of child labour are intolerable, regardless of a country's level of development or traditional beliefs, and addressed all girls and boys under the age of 18. The ILO Convention recognizes the decisive role of education in preventing child labour, as well as in the rehabilitation of children removed from the worst forms of labour. The Convention also provides a basis for global partnerships to prevent cross-border trafficking in children and drugs, and child pornography.

335. Inter-agency collaboration has increased steadily over the decade, as first UNICEF and then the World Bank became more extensively involved with the issue. This trend was accelerated by the International Conference on Child Labour, held in Oslo in 1997, which included civil society actors, such as trade unions, employers and NGOs.

336. These and other developments at the international level have provided an important impetus to action at the national level. The World Summit for Children helped inspire the International Programme on the Elimination of Child Labour (IPEC). Launched by the ILO in 1992 in six countries, IPEC had nearly 100 participating and donor countries by year 2000. It has become a global partnership between Governments, employers, trade unions and NGOs, with national coordinating mechanisms to facilitate the development of plans of action. ILO Convention No. 182 also requires time-bound plans of action and has helped promote awareness of the need to mainstream collaborative action on child labour into national development planning. Nevertheless, intensified efforts are needed to promote greater awareness of children's rights to protection, and to ensure effective implementation of existing standards, including through the design and implementation of national programmes of action, backed by the necessary resources.

337. Many of the inter-agency initiatives of the 1990s were focused on developing strategies for addressing child labour in specific industries. The most prominent of these were the Rugmark initiative, covering carpet exports in South Asia, and agreements reached to eliminate child labour from the Bangladesh garment industry in 1995 and from the soccer-ball stitching industry in Sialkot, Pakistan, in 1997. These and other initiatives were largely stimulated by consumer concerns in industrialized countries about fair labour standards and ethical purchasing by companies, concerns that led, in some cases, to the development by transnational companies of their own codes of conduct.

338. However, while most international attention during the 1990s was focused on the formal and export sectors, only 5 per cent of child labour is found there, and an estimated 70 per cent of children in developing countries work far from public scrutiny in agriculture and the informal sectors. The invisibility of the bulk of child labour — including work in the informal sector or in the family, represents a serious challenge and is compounded by the clandestine nature of such practices as trafficking. Data on these realities, including on their gender dimension, remain scarce, and a major effort is required to enhance monitoring. Production of more complete and more reliable data requires the development and use of improved indicators and qualitative tools, such as rapid assessment methods, as well as an increase in research. The ILO and UNICEF need to accelerate the work they began in this area in the mid-1990s.

339. More fundamentally, child labour needs to be placed on the agendas of finance and planning ministries, going beyond the social portfolios of education and labour alone. More emphasis should also be placed on prevention, with linkages made between the global efforts to end child labour with those to ensure education for all, which are now recognized as two sides of the same coin. Finally, more efforts are needed to enable children to be heard and to combat child labour. The Global March against Child Labour, organized in 1998 with worldwide participation to help build momentum for the adoption of ILO Convention No. 182, shows the potential that exists for transforming children from objects to agents of change.

Priority actions for the future

340. Priority actions for the future include the following:

- Promote awareness of children's rights to protection from economic exploitation, including child labour, with a view to effectively eliminating the worst forms of child labour;
- Promote the effective implementation at national level of existing international standards, including through the implementation of national programmes of action and the allocation of necessary resources;
- Ensure the right to education for all children, including universal and free access, quality of content and high learning achievement;
- Give greater visibility to child labour through strengthened data collection, analysis and dissemination;
- Provide essential support to enable poor families to educate children through community-based programmes that make quality education affordable.

B. Children affected by armed conflict

341. When the World Summit for Children convened in 1990, the cold war had recently come to an end and there was great optimism about a new era of peace. The leaders gathered at the Summit solemnly promised to work carefully to protect children from the scourge of war and to take measures to prevent further armed conflicts, in order to give children everywhere a peaceful and secure future. The Summit anticipated a peace dividend and stated that the current moves towards disarmament also mean that significant resources could be released for purposes other than military ones, and that improving the well-being of children must be a very high priority when these resources are reallocated.

342. Regrettably, this peace dividend never materialized. World military expenditures did decline during the first half of the 1990s, but the savings were not, by and large, reallocated in favour of children. And instead of a new era of peace, the world was plunged into a decade of ethnic conflict and civil wars that was characterized by deliberate violence against children on a vast scale.

343. In the armed conflicts of recent years, children have been targets and perpetrators of violence. The number of children who have been directly affected by armed conflict is enormous and unprecedented. During these conflicts, children have been maimed, killed or uprooted from their homes and communities. Children have been made orphans, and have been subjected to exploitation and sexual abuse. Children have been abducted and recruited as soldiers. War's impact on girls is particularly damaging to future generations.

344. In this climate, all social and economic indicators are affected: malnutrition increases because of low food production and displacement; resources for social services are diverted into the war effort; as health services deteriorate, infant and child mortality rates rise; the destruction of schools and the displacement of teachers reduces access to schooling and leaves children at risk of recruitment; and displacement separates families and deprives children of a secure environment. All these elements illustrate the horrendous impact of armed conflict on children. These have become common features of today's conflicts — and if we are to ensure the well-being of all children in the twenty-first century, they deserve special attention and action.

345. Abductions, recruitment and the use of children as soldiers have been commonly carried out around the world. There are now an estimated 300,000 children actively involved in conflict. The 35 million people in the world who are displaced as refugees or internally displaced populations are particularly vulnerable.

346. HIV/AIDS poses a particular challenge in most countries affected by armed conflicts because of high levels of sexual and gender-based violence, the frequent failure of health-care and education systems and family and community breakdown. In turn, AIDS contributes to further political instability by leaving millions of children orphaned and by killing teachers, health workers and other public servants. The imposition of sanctions has had a devastating impact on children in a number of countries.

347. The global commerce in and proliferation of small arms and light weapons, along with landmines and unexploded ordnance, continue to threaten children's lives on a daily basis. Conflicts have also often been sustained by economic interests,

driven by greed and aiming at the control of natural resources. Private actors, internal and external, are profiting from chaos and lack of accountability, and evidence is accumulating of the responsibility of some industries in fuelling wars that cause great children's rights violations. Abuse of humanitarian aid and limited access to the victims also have a direct impact on some of the most vulnerable groups in society.

348. Yet, the World Summit's call to *adopt special measures such as "corridors of peace", to allow relief supplies to reach women and children and "days of tranquillity" to vaccinate and to provide other health services for children and their families in areas of conflict* did not go entirely unheeded. Over the last decade, NIDs have taken place in many countries in conflict, allowing warring parties to acknowledge that the rights and well-being of children must be allowed to prevail, even in times of great inhumanity.

Box 13

Humanitarian action for children

War frequently deprives children of access to humanitarian assistance and protection and thus the realization of their right to health and education. Though diseases, such as poliomyelitis, are within sight of being eradicated worldwide, there have been serious setbacks in some regions, triggered by such factors as armed conflict, that have devastated the infrastructures necessary to ensure good immunization programmes. Angola has the highest percentage of polio infection in all of Africa, while the Democratic Republic of the Congo has seen an almost tenfold increase in polio since 1999.

National immunization days (NIDs) are one important and successful strategy to fulfil children's right to adequate health care, even in the midst of conflict. The promotion of NIDs allows vaccination campaigns to reach otherwise inaccessible children. In addition, initiating negotiations to ensure that NIDs are respected by all parties to conflict has often proved to be a valuable trigger to bring humanitarian, political and military actors together to provide broader services for children.

In the Sudan, NIDs conducted in 1999 and 2000 provided the first opportunities in a decade to reach certain populations living in the Nuba mountains. Some of the areas visited had never been accessed for any reason by humanitarian agencies before.

In Sierra Leone, NIDs negotiated by the WHO and UNICEF in 1999 and again in 2000 became a concrete reflection not only of commitment to children but also of the peace process moving forward. Shuttling between clandestine audiences with the different rebel commanders, the two agencies worked to get across the message that immunization could prevent disability and death from polio. In the end, commanders allowed teams of United Nations-backed government health workers not only to immunize children in areas they had closed to humanitarian and human rights workers but also to repair roads to allow teams to get through. The commanders rounded up 40 bicycles to allow the teams to reach areas unreachable by car.

UNICEF and WHO also negotiated annual "days of tranquillity" — when the guns fell silent on all sides — for nation-wide immunization campaigns in Sri Lanka between 1996 and 2001. These efforts required complex negotiations, involving all the key agencies and parties to the conflict, but have succeeded in maintaining high levels of coverage for vaccine-preventable diseases, despite the long conflict and shifting conflict zones.

However, these days of tranquillity are only a small step towards full and unlimited access to children. The widespread targeting and involvement of children in hostilities continue to jeopardize all children's rights. The endorsement and promotion of the concept of "Children as a zone of peace", most notably by the General Assembly, is a stepping stone to changing this situation, with the ultimate goal being the end of conflict itself.

349. Graça Machel's report on the impact of armed conflict on children (see A/51/306 and Add.1), which was submitted to the General Assembly in 1996, provided the first comprehensive assessment of the multiple ways in which children's rights are being violated in the context of armed conflict. Her report laid the foundation for the mandate of the Special Representative of the Secretary-General for Children and Armed Conflict, created by the General Assembly in 1996. The Special Representative is mandated, inter alia, to assess progress achieved, steps taken, and difficulties encountered in strengthening the protection of children in situations of armed conflict; raise awareness and promote the collection of information about the plight of children affected by armed conflict and encourage the development of networking; and foster international cooperation to ensure respect for children's rights in the various stages of armed conflict. The work of the Special Representative has been of critical importance in moving the agenda forward at both the global and regional levels.

350. As a consequence of worldwide mobilization and advocacy, the plight of children affected by armed conflicts has been placed more prominently on the international political agenda. The Security Council has acknowledged the link between violations of children's rights and threats to international peace and security, and has established an annual open debate on this issue. Furthermore, regional organizations and arrangements, including the Organization of African Unity (OAU), the Economic Community of West African States (ECOWAS), the Organization of American States (OAS), the European Union, the Organization for Security and Cooperation in Europe (OSCE), and the Group of Eight Major Industrialized Countries, have begun to address questions of the protection of children's rights during armed conflicts in their mandate and activities.

351. Important steps have been taken to integrate children's concerns in peace operations, including peacekeeping mandates and training for peacekeepers. Child protection advisers have been deployed as part of the United Nations peacekeeping missions in the Democratic Republic of the Congo and Sierra Leone. The well-being of war-affected children has been included in peace agendas and peace accords in Burundi, Northern Ireland and Sierra Leone.

352. Following a successful West African regional conference on war-affected children in Accra, Ghana, the first International Conference on War-Affected Children was held in Winnipeg, Canada, in September 2000. Ministers agreed on an agenda for war-affected children, and a substantial framework for commitments was adopted by experts and CSOs. Five regional conferences organized by the NGO Coalition to Stop the Use of Child Soldiers were held between 1999 and 2001.

353. The Machel report pointed to the need to strengthen and develop existing international standards to protect children in conflict situations. Some progress has been made in this regard in the last decade. In 2000, the General Assembly adopted the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (General Assembly resolution 54/263, annex I), which raises from 15 to 18 years the age at which participation in armed conflicts will be permitted and establishes a ban on compulsory recruitment below 18 years.

354. Mobilization and advocacy by concerned States and CSOs have also led to the adoption of other international instruments which have a direct impact on the situation of children in armed conflicts. Important new standards include the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, the Guiding Principles on Internal Displacement, and ILO Convention No. 182, which prohibits forced or compulsory recruitment of children for use in armed conflict.

355. Progress has also been achieved in the fight to end impunity for war crimes against children and women by the adoption of the Rome Statute of the International Criminal Court (A/CONF.183/9). The conscription, enlistment and use of children to participate in armed conflicts, as well as rape, sexual slavery and enforced prostitution, are defined as war crimes by the Statute, which further includes special provisions to protect child victims and witnesses before the Court. The need to develop specific guidelines for the protection of children in justice and truth-seeking mechanisms has been acknowledged. The United Nations has called for the exclusion of genocide, crimes against humanity and war crimes in amnesties that may be considered as part of peace agreements.

356. Humanitarian assistance for children in armed conflicts now often includes special protection measures. During the last decade, humanitarian agencies have involved themselves more directly and have worked with a longer-term perspective to implement programmes for the demobilization of children, for their reunification with families and to mediate efforts for their reintegration within communities. They have been called upon increasingly to negotiate direct access to the most vulnerable populations, with Governments and rebel groups in order to carry out their mandates.

357. New frameworks of cooperation aim to involve all actors in the efforts to prevent violations and protect children. Commitments to respect children's rights have been secured from States and non-States parties to conflict, sometimes with the conclusion of memorandums of understanding and ground rules of agreements, for example between Operation Lifeline Sudan and the Sudan People's Liberation Army.

358. More emphasis is also placed on access to education, psychosocial rehabilitation and reintegration in crisis situations, as well as on the specific fate of

girls. In East Timor, the United Nations Transition Administration and NGOs developed child-friendly spaces in the midst of conflict, allowing time and space for learning, recreation and psychosocial support. In Albania, Lebanon and Turkey, this approach has proven to be an effective means of assuring protection of children and their caregivers and promoting peace and reconciliation initiatives among children of all backgrounds.

359. However, the lack of gender- and age-disaggregated data and research on war-affected children has hindered effective programming. It is now being acknowledged that children should be involved in the design and implementation of programmes on their behalf, especially demobilization and reintegration processes, and in more general policies to restore peace and put an end to violations of children's rights. Innovative local initiatives have been developed to strengthen the protection of the rights of children during armed conflict. These include the national commission for children in Sierra Leone and children as zones of peace in Sri Lanka.

360. In summary, the last decade saw tremendous political progress in the development of an agenda and standards to protect war-affected children. Yet children continue to suffer in enormous numbers, and we have failed to enter the era of application that was called for in the report of the Secretary-General on the subject to the Security Council in 2000.

Priority actions for the future

361. Priority actions for the future include the following:

- Improve information, data collection, research and analysis on children in conflict situations in order to improve programme implementation and policy;
- Stop the recruitment and use of children as soldiers and work towards the rapid and universal ratification and implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and ILO Convention No. 182. Mobilize resources for disarmament, demobilization and reintegration programmes for former child soldiers;
- Ensure access to improved treatment, care and support for children affected by HIV/AIDS in conflict zones and neighbouring communities. HIV/AIDS awareness education for prevention and care during emergencies should be conducted in schools and education systems. Military and peacekeeping personnel should also benefit from HIV/AIDS education and training;
- Emphasize conflict prevention policies and measures by promoting equitable social and economic development, good governance and respect for human rights and the rule of law;
- Control the illicit flow of small arms and light weapons and ensure the implementation of the ban on the production and use of anti-personnel mines;
- Integrate child protection into political agendas, particularly peace processes, by including issues relevant to children during peacemaking throughout post-conflict situations, as well as by including child protection staff in peacekeeping and other field operations;

- End impunity and promote accountability, including by universal ratification of the Rome Statute of the International Criminal Court, exclusion of war crimes against children from amnesty provision, and legislation and inclusion of child protection provisions in the statutes and rules of war crimes tribunals and courts, as well as in truth-seeking mechanisms;
- Address more systematically the responsibilities and accountability of non-State entities, including private companies and insurgent groups, for respect of children's rights, including by the exposure of companies that profit from activities of parties to conflict which involve abuses of human rights or breaches of international law.

C. Refugee children

362. When the World Summit was held, UNHCR estimated that 7 million of the world's 15 million refugees were children under the age of 18. There are now some 22.3 million refugees and other persons of interest to UNHCR, of whom 11 million are children. For this reason alone, protecting the rights of refugee children deserves to be a priority during the next decade.

363. During the decade, UNHCR, countries of asylum and non-governmental implementing agencies have become much more aware of issues concerning the rights of refugee children, and have taken important steps to address them. Refugee children are recognized as a priority, but children are not seen in isolation, and initiatives designed to benefit them take their caregivers and community into account. Ensuring family reunification or alternative care for children separated from their families, protection against sexual exploitation and military recruitment and access to education have been identified as strategic priorities. In an effort to address these policies and goals, UNHCR has established a network of specialized new posts, called regional policy officers for children, in West Africa, the Horn of Africa, Central Asia and the CIS region. These officers will continue to play a key role in maintaining a focus on programmes for refugee girls and boys.

364. Refugee children are among those most at risk of illegal recruitment into armed forces. Reunification of refugee children with their families is the most effective method of preventing such recruitment, as well as a vital component of rehabilitation. Other efforts include advocacy vis-à-vis the parties responsible for such recruitment and preventive measures, such as relocation of camps, separation of combatants from the civilian population and strengthening the capacity of the forces responsible for camp security.

365. Considerable success has been achieved in reuniting unaccompanied refugee children with their families in some countries, often in cooperation with tracing efforts of the International Committee of the Red Cross. Education programmes for refugee children have focused on primary education, and efforts to improve quality have improved retention rates. Promising efforts also have been made, during the decade, to incorporate peace education, human rights education and especially environmental awareness into educational programmes. The rights of adolescent refugees have received special attention, including those who have been forced by circumstances to assume the role of head of household.

366. Several countries with large refugee populations report progress in implementing the guidelines adopted by UNHCR during the decade. In Europe, a number of countries have seen improvements in the procedures for evaluating claims by unaccompanied child asylum seekers, including recognition of the child's right to be heard and reduction of delays in reaching a decision. Others, especially in Africa, indicate that financial constraints limit their ability to ensure access to education or other basic services. Still others recognize the need to enact new legislation to incorporate the rights of refugees into national law.

Priority actions for the future

367. During the next decade, priority should be given to:

- Ensuring broader and more consistent application of approaches developed during the decade to support family reunification or alternative care, protection against sexual exploitation and military recruitment and access to education in order to ensure that such approaches are fully incorporated into the practices of United Nations agencies, Governments and non-governmental counterparts in all countries where significant refugee populations exist;
- In particular, giving emphasis to ensuring prompt responses to the needs of unaccompanied child asylum seekers, including effective tracing and family reunification, whenever possible; protecting refugee girls and women against sexual violence and exploitation; protecting all refugee children against military recruitment and indoctrination; guaranteeing the right of all refugee children to education; and expanding efforts to creatively incorporate human rights, peace, environmental awareness and the other values into educational programmes for refugee children;
- Continuing efforts to ensure that, in all countries where the refugee population outstrips the capacity of the host country, necessary services receive the aid needed to meet their obligations.

D. Sexual abuse and exploitation

368. There are no precise statistics available of the number of sexually abused and exploited children due to the sensitivity of the issue, the criminal and covert nature of such violations and the limited research that has been conducted to date. What is abundantly clear, however, is that we are confronted with a global concern, with every region of the world struggling with some aspects of child sexual exploitation.

369. The past decade has witnessed a dramatic and desperately needed increase in the willingness to recognize and confront the problem of children's sexual exploitation, and a long silence has been replaced with growing awareness and prominence on public and political agendas. The World Summit for Children underlined the need for Governments to give special attention, protection and assistance to sexually exploited children. United Nations human rights mechanisms began to pay increasing attention to the problem, particularly with the appointment by the Commission on Human Rights of the Special Rapporteur on the sale of children, child prostitution and child pornography and the adoption in 1992 of the Programme of Action for the Prevention of the Sale of Children, Child Prostitution and Child Pornography. The decade closed with the adoption of the 1999 ILO

Convention No. 182 on the worst forms of child labour, which addresses situations of sale and trafficking of children, child prostitution and pornography. That Convention was closely followed by the adoption of an Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Finally, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (General Assembly resolution 55/25), has recently been adopted, providing the first internationally agreed upon definition of trafficking.

370. NGO activity early in the decade, especially the efforts of the organization End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT), played a key role in shedding light on the issue of child sexual exploitation and on the urgent need for action, including in preparations for and follow-up to the 1996 Stockholm World Congress against the Commercial Sexual Exploitation of Children. The World Congress set out an agenda for action, which was adopted by the 122 Governments represented. It called for the coordination of actions at the national, regional and international levels; preventive educational measures for targeted groups of children; protective measures for exploited children; improved laws and policies and strengthened law enforcement; development of non-punitive and gender-sensitive support systems for recovery and reintegration; and the promotion of children's participation in decision-making and advocacy.

371. Following the Stockholm World Congress, a number of Governments worked to develop national plans of action to combat the commercial sexual exploitation of children. A range of measures have been taken against sex tourism, including extraterritorial laws that criminalize the purchase of sexual services from minors abroad, improved law enforcement cooperation between countries and commitments from the travel industry. Programmes have been developed to protect and assist children, such as community monitoring, awareness-raising campaigns, improved educational opportunities for at-risk children, and shelter, recovery and reintegration programmes. The media have helped increase public awareness and have provided the deterrent of publicity by giving visibility to high-profile cases of abuse and exploitation.

372. Studies have been conducted, especially in the area of trafficking, to counter the dearth of concrete data. Qualitative research is also being undertaken. The Economic and Social Commission for Asia and the Pacific (ESCAP), for example, has launched a regional programme covering 12 countries aimed at supporting victims of sexual abuse and exploitation through research to determine the health and social service needs of sexually abused and exploited children and youth, accompanied by capacity-building and awareness-raising.

373. The ILO, WHO, the International Organization for Migration (IOM), UNICEF and other United Nations agencies, together with the International Criminal Police Organization (Interpol) and private enterprises in the tourism, computer and Internet industries, have joined forces in the battle against sexual exploitation of children. Regional bodies also have played a prominent role, holding region-wide consultations, undertaking research, developing standards, tracking trends and disseminating information.

374. Action at the national level has involved collaboration between Governments, national and international NGOs, United Nations agencies, human rights

mechanisms, regional organizations and, increasingly, civil society and private sector involvement. New laws have been passed and existing legislation improved that criminalize child trafficking and the production, dissemination or possession of child pornography, extend protection for children up to 18 years and target child sexual exploitation via the Internet.

375. Experience from the decade has revealed certain groups of children as being at particular risk, including girls, child domestic workers, children living in poverty or on the street, disabled children, children living in institutions and correctional facilities, children in situations of armed conflict and refugee or internally displaced children. Revictimization is all too common, including at the hands of those expected to protect these children, such as members of police, security and peacekeeping forces — and by laws that criminalize child victims of sexual exploitation.

376. Growing phenomena, such as sex tourism, sexual trafficking and the distribution of pornography through the Internet, can be successfully combated only on the basis of responses that cut across national borders and the public/private divide. This is also clearly the case in regard to trafficking in children for the purposes of sexual exploitation, which has reached disturbing levels, not only in South-East Asia but also in South Asia, Africa and Eastern Europe.

Priority actions for the future

377. Priority actions for the future include the following:

- Greater investment in research, data gathering and analysis for adequate assessments of national and regional situations;
- Improvement of legislative responses and their enforcement, including through the establishment of laws with extraterritorial jurisdiction and the consideration of special procedures to protect child victims and witnesses in situations of sexual exploitation and abuse;
- Promotion of better collaboration between law enforcement agencies and judicial authorities, and conclusion of mutual assistance treaties;
- Further emphasis on the development of recovery and reintegration measures for child victims, and on preventing their penalization;
- Continued efforts to build broad-based partnerships at the local, national, regional and international levels, with a greater emphasis on sharing of lessons learned.

E. Juvenile justice

378. The World Summit Plan of Action called for special attention, protection and assistance for juvenile delinquents — children in conflict with the law. The decade of the 1990s was marked by the adoption of a comprehensive international normative framework in the field of juvenile justice. The United Nations Standard Minimum Rules on the Administration of Justice, or "Beijing Rules", the United Nations Guidelines for the Prevention of Juvenile Delinquency, or "Riyadh Guidelines", and the United Nations Rules for the Protection of Juveniles Deprived

of Liberty, together with the Convention on the Rights of the Child, are the most relevant in this regard.

379. In their reports on follow-up to the World Summit for Children, several countries reported having fixed a minimum age below which children are presumed not to have the capacity to infringe the penal law. Several established specialized courts to ensure that juveniles accused of an offence are treated in a way that takes their age into account and promotes their sense of dignity and worth. In Latin America, newly adopted codes on the rights of children have often included specific provisions designed to ensure due process.

380. Steps have been taken in many countries to ensure children's rights are heard in legal and administrative proceedings that affect them. Many countries reported the adoption of laws or regulations providing that children should never be deprived of liberty, whether before or after trial, except as a last resort and for the shortest possible time. All but five countries in the world have now eliminated the possibility that the death penalty be applied for crimes committed by persons under the age of 18. Some countries have also specifically banned the flogging of persons under 18.

Priority actions for the future

381. The time has come to invest in the enhancement of national child-friendly systems of juvenile justice, in which the child's dignity and worth are promoted and its social reintegration pursued. To this end:

- Special efforts should be made to prevent juvenile delinquency, including through effective education opportunities, the safeguarding of a stable family environment and community-based programmes which respond to special concerns of children and offer appropriate guidance and counselling to them and their families;
- Law enactment and enforcement should be advanced to ensure that deprivation of liberty of children is a measure of last resort and should be for the shortest period of time possible, and that a minimum age of criminal responsibility should be established and due process ensured for all children involved with the system of administration of justice;
- Alternative structures and programmes should be developed to deal with children without resorting to judicial proceedings, while providing that children's rights and safeguards are respected and that restorative justice systems are encouraged to promote community involvement in victim-offender reconciliation;
- Awareness-raising and information campaigns should be promoted on existing international standards, and training activities pursued with relevant professional groups, including law enforcement officials, prosecutors, judges, lawyers and social workers.

F. Illicit drug abuse and drug trafficking

382. The Plan of Action of the World Summit for Children called for concerted action by Governments and intergovernmental agencies to combat the "global menace" of illicit drug production, distribution and trafficking aimed at large numbers of young people and, increasingly, children. It called for concerted action to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent children being used in drug production and trafficking. The Plan of Action also recognized the need for education among young people to prevent tobacco and alcohol abuse.

383. A global review of the drug abuse situation among young people, presented to the Commission on Narcotic Drugs in 1999, found that while the nature and extent of drug abuse vary from region to region, very large numbers of young people are being exposed to various drugs. These include relatively cheap and easily available substances, such as volatile solvents.

384. Many countries have mounted drug abuse prevention campaigns directed towards young people. Often, these could be further strengthened through the participation of young people. The challenge of effective prevention and relevant responses is hampered by the lack of good qualitative information on how young people perceive drugs and why they use them. The global assessment programme of UNDCP promotes the collection of reliable and comparable drug abuse information as well as rapid situation assessments, with the participation of young people.

385. It has further emerged over the decade that prevention programmes should provide not only information about the consequences of drug abuse but also opportunities for young people to develop life skills to deal with difficult situations and alternatives to drug-using behaviour, such as sports and recreation. Many of these opportunities can be created through schools and community organizations.

386. Protecting especially vulnerable and disadvantaged children and young people is a more specific challenge. Groups that are at very high risk include working children and those living on the street, victims of conflict and natural disasters and young people living in marginalized communities. Primary prevention programmes need to make special efforts to gain access to these young people and to understand and respond to their particular needs. This can often be done through mobilizing volunteers and street educators, as seen in the collaboration of UNAIDS, UNDCP and Street Kids International with street workers in Asia. The falling age of first use of drugs points to the need for treatment, counselling and rehabilitation centres that are both accessible and appropriate for young people.

387. The experience of the 1990s has helped create consensus on the fact that young people and children are best seen, not as a problem to be targeted but rather as a resource and partners in the prevention of drug abuse. Their confidence needs to be gained using accurate and credible information and their voices need to be heard by policy makers and the public at large. The Global Youth Network for the Prevention of Drug Abuse, with the assistance of UNDCP, helps to create contacts among young people involved in demand reduction activities, and to promote positive alternatives to drug taking. The Young People in Crisis initiative, implemented by UNICEF, UNDCP and other international and non-governmental organizations, takes a comprehensive approach to the health and development needs of young

people, and focuses especially on those who are highly disadvantaged and who do not have access to regular social services.

Priority actions for the future

388. Priority actions for the future include the following:

- Specific efforts are needed among especially at-risk population groups, within which young people and children should be mobilized as peer educators;
- Strategies need to be tailored to the particular settings and cultures in which young people live, combining educational approaches that use relevant materials with health promotion and the building of self-esteem, resilience and skills to resist stress and peer pressure;
- Heightened efforts are needed to protect children from involvement in illicit drug trafficking.

G. Children with disabilities

389. The World Summit for Children included children with disabilities in the group of children in especially difficult circumstances requiring special attention, protection and assistance. Children with disabilities are, of course, entitled to all of the rights to which any child is entitled and, as the Convention on the Rights of the Child makes explicit, all children with disabilities *should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community*.

390. Accurate figures are difficult to obtain, due, in part, to differing definitions of disability. But it is estimated that between 120 and 150 million children live with disabilities. Many of the causative factors of disability (poor maternal health and unsafe delivery, malnutrition, non-infectious diseases, congenital diseases, accidents/trauma/war and infectious diseases) are preventable and result, for example, from lack of access to adequate health care or are linked to conditions of poverty.

391. As described elsewhere in the present report, major efforts have been made over the decade to prevent disabilities, including through the global campaign to eradicate polio; efforts to increase consumption of iodized salt to prevent IDDs; and concerted efforts to reduce vitamin A deficiency, eradicate guinea worm disease and prevent measles. But it is clear that children with disabilities continue to experience discrimination, negative attitudes towards their disability, and lack of access to health care. The vast majority do not attend school.

392. In many societies, children with disabilities are abandoned or institutionalized at a higher rate than other children. From 6 to 8 million children with handicaps live in institutions around the world, according to one estimate. Whether within institutions or in the family, children with disabilities are three to four times more likely than other children to suffer neglect and physical, sexual or emotional abuse.

393. The majority of those with disabilities live in developing countries — most in poverty and in rural areas, where access to specialized services of any sort is rare. WHO estimates that only 1 to 2 per cent of children and adults with disabilities who need rehabilitation services have access to them. But the lack of specialized services

is not the only obstacle faced by children with disabilities. As a recent UNICEF study indicates, the greatest problems faced by individuals with disabilities are social, economic and cultural — not medical — in nature. Many children with disabilities do not attend school because their families think that they do not need an education, or because educators think that their presence in the school will be detrimental to the education of "normal" children. Discriminatory attitudes and practices exclude disabled children from other forms of social support and interaction as well, from leisure activities to employment training.

394. Internationally, considerable progress has been made over the decade in recognizing the rights of persons with disabilities, including children. The adoption in 1993 of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities by the General Assembly provided detailed standards, and a Special Rapporteur was appointed by the Secretary-General to report on implementation of the Rules. The 1994 World Conference on Special Needs Education was an important step in promoting inclusive strategies for ensuring that children with disabilities receive education.

395. United Nations agencies and programmes have become increasingly involved in eliminating the risk posed by landmines during the decade, and are now coordinating mine clearance and awareness activities in 13 countries. Inter-agency cooperation was improved during the first part of the decade by the creation of an informal working group comprising WHO, the ILO, UNICEF and UNESCO, followed by the creation of the International Working Group on Disability and Development in 1997. The latter brings United Nations agencies together with bilateral aid agencies and NGOs, including organizations of persons with disabilities.

396. National end-decade review reports indicate that considerable attention has been given to this issue at the national level. The World Programme for Action Concerning Disabled Persons proposes a threefold approach incorporating prevention, rehabilitation and equalization of opportunities. Some countries have developed national strategies concerning disability during the decade. Collecting reliable data on disability is an essential part of this process, and in 1998 UNICEF piloted an optional multiple indicator cluster survey (MICS) module for this purpose. The module is now being used to obtain more reliable data on children with disability in 23 countries.

397. In a number of countries, efforts have been made to strengthen rehabilitation programmes. Reinforcing early detection to ensure that children in need of rehabilitation receive timely attention is an important part of such efforts. A number of countries report that they have adopted new policies aimed at providing the families of children with disabilities with training and support that enables them to more effectively participate in caring for their children, thus reducing the rates of abandonment and placement in institutional care.

398. Many innovative efforts to incorporate children and adolescents with disabilities into community activities have taken place during the decade. Sports programmes for such children have expanded substantially in number and scope. In industrialized countries, the Internet has proved an invaluable tool for promoting the social, intellectual and emotional development of children with disabilities and facilitating communication among them. There is much greater awareness of the need to provide activities that meet the special needs of different types of children

with disabilities, including adolescents and girls, and that respond to a broader range of needs, including vocational training, employment and HIV awareness.

Priority actions for the future

399. During the next decade, priority should be given to:

- Establishing coherent and viable national plans of action based on comprehensive and reliable data;
- Supporting comprehensive prevention efforts that address all causes of disability;
- Establishing effective early detection programmes;
- Providing families that have children with disabilities support that reinforces their ability to care for their children;
- Ensuring that all children with disabilities have access to education;
- Strengthening efforts to further the social inclusion of different groups of children with disabilities.

H. Children belonging to socially disadvantaged groups

400. The World Summit for Children called for efforts to ensure that no child is treated as an outcast from society, and identified the children of migrant workers and other socially disadvantaged groups, and victims of apartheid and foreign occupation, as deserving of special attention, protection and assistance. Over the decade, the plight and vulnerability of children belonging to national, ethnic or linguistic minorities, or who are indigenous, gained increasing visibility.

401. Disparities in indicators of social progress in many countries, where disaggregated data are available, reflect continuing patterns of discrimination and exclusion affecting these children. The situation of families among these groups is often marked by poor living conditions, unequal educational opportunities, poor access to basic health care and a disproportionate presence of their children in public care and detention facilities.

402. Available census data show that indigenous peoples have the highest rates of infant mortality, birth defects and complications relating to birth, and suffer from preventable or curable diseases, such as diarrhoeal diseases, malaria, tuberculosis and respiratory infections. A further area of concern is the spread of HIV/AIDS and other sexually transmitted diseases among indigenous young persons in South America, Asia and Africa. Indigenous representatives over the past decade have also pointed to the high number of indigenous youth suffering from malnutrition, alcoholism and drug addiction, with insufficient attention being given to their call for particular measures to counteract these problems.

403. In some cases, migratory cultures and remote locations make the task of local and national authorities in discharging their responsibilities towards these children very complex but also especially urgent. In others, such groups of children have been directly targeted in conflict situations and exposed to all forms of violence. Elsewhere, the lives of migrant children in the host and home country continue to be hampered by language and cultural differences, legal and social prejudice and, in

schools, marginalization by both students and teachers. Protection mechanisms and well-tailored disparity reduction strategies are required to promote social inclusion and respect for the rights of these children.

404. At the same time, the decade also saw the adoption of important new international standards, including ILO Convention No. 169 concerning indigenous and tribal peoples in independent countries, and the Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities (General Assembly resolution 47/135).

405. The challenge remains to safeguard the rights of these children — including through birth registration, the provision of mobile, culturally appropriate health care or other services in remote locations, and bilingual and intercultural education systems. A number of countries recognize the need for reform of school curricula and educational practices, as well as juvenile justice systems, to tackle discrimination against children belonging to minorities. The development of expertise to provide support to such children and to meet their specific needs, such as trauma counselling and new language skills, has also been acknowledged as central to the fulfilment of their rights.

Priority actions for the future

406. Priority actions for the future include the following:

- Awareness-raising campaigns on the rights of children belonging to minorities or who are indigenous should continue to be widely promoted at the national and subnational levels, with a view to preventing discrimination and marginalization and to ensuring respect for their identity.
- High priority should be given to the provision of appropriate multilingual and multicultural education opportunities.
- Specific, well designed services and actions are needed to ensure the effective enjoyment of the rights of children belonging to minorities or indigenous groups. This includes legal recognition of their rights and protection from any form of discrimination, ensuring birth registration and the provision of user-friendly health services.

IV. Civil rights and freedoms

407. The World Summit Declaration recognized that "all children must be given the chance to find their identity and realize their worth in a safe and supportive environment". It further recognized that children should, from their early years, be encouraged to participate in the cultural life of their societies, and appealed to children as special partners in meeting the challenge of Summit goals.

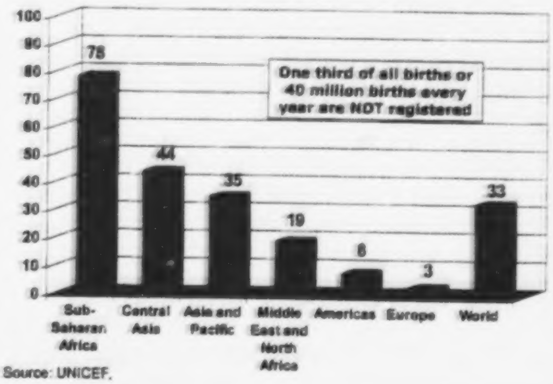
A. Right to name, nationality and identity

408. During the 1990s, there was growing awareness of the importance of prompt birth registration as an essential means of protecting a child's right to identity, as well as respect for other children's rights. Failure to register births promptly has been linked to the trafficking of some babies. The lack of a birth certificate may

prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school. Later in childhood, identity documents help protect children against early marriage, child labour, premature enlistment in the armed forces or, if accused of a crime, prosecution as an adult.

409. Some countries have achieved universal registration and others report having made significant progress in increasing birth registration during the decade. Decentralization, mobilization campaigns with active participation of civil society, elimination of registration fees, removal of legal or administrative obstacles, such as the requirement that the child's parents present their identity papers, and registration of children in health facilities where they are born are among the measures that have proved effective in increasing registration rates and reducing regional disparities. Nevertheless, it is estimated that one third of all children born each year remain unregistered. Rates are highest in sub-Saharan Africa, where over three quarters of all births go unregistered. Priority actions remain essential to ensure that all children are registered at birth, acknowledged as persons before the law and ensured due protection by state mechanisms.

Figure 21. Percentage births not registered, 1998



Source: UNICEF.

410. Discrimination with regard to the right to name and nationality persists in some countries. Hundreds of thousands of children are stateless as a result of discrimination against women or against ethnic, religious or national minorities. Some countries have amended their legislation to allow women as well as men to pass citizenship on to their children, and others to recognize the nationality of persons belonging to ethnic minorities. Many have changed their constitution and legislation to ban discrimination on the basis of birth, including the use of names that stigmatize such children. During the coming years, a major effort is needed to ensure that this process is extended everywhere and benefits all children.

B. Freedom from violence

411. The safety and security of children, in particular girls, and of women continues to be denied by a global epidemic of violence that kills, tortures and maims them — physically, psychologically, sexually and economically. A prime example of this is female genital mutilation. WHO estimates that 2 million girls risk FGM annually. At least nine countries of the more than 30 countries where FGM is endemic have enacted laws prohibiting it, and some 20 have organized public campaigns aimed at eradicating the practice. In a joint initiative, WHO, UNICEF and UNFPA outlined strategies to eliminate FGM and encouraged government and community efforts to promote and protect the health of women and children.

412. In Africa, parliamentarians, government officials and members of the Inter-African Committee on Traditional Practices called for the adoption of national legislation condemning FGM. The OAU First Ministerial Conference on Human Rights in 1999 urged African States to work towards elimination of discrimination against women and the abolition of cultural practices which demean women and children. Despite political resistance in some places, recent gains have been made in combating FGM through the involvement of young people, religious and community leaders and even former practitioners.

413. In other efforts to protect the dignity and physical integrity of children, countries in Africa, Asia and Europe have adopted legislation or regulations outlawing corporal punishment. Information campaigns have been launched to promote change in behaviour patterns by caregivers and to prohibit its use in the school system and in institutions, as well as in the juvenile justice system.

414. Suicide is increasingly receiving greater attention. Some 4 million adolescents attempt suicide annually, at least 100,000 successfully. The prevalence of suicide and other self-destructive behaviour, such as drug and alcohol abuse, point to the need to give priority to programmes designed to address the needs of adolescents. Campaigns aimed at eliminating all forms of violence against children should be continued.

C. Child participation

415. Recognition of the right of children to participate, in accordance with their evolving capacity, in decision-making processes at the national or local levels and to contribute to the development of their own societies is one of the most significant advances made during the last decade. Children's widespread and substantive participation in national, regional and international processes of preparation for the General Assembly special session on children is one example of this trend. In every region of the world, other examples may be found, including participation in parliaments, municipal councils and student associations, and in a variety of advocacy and awareness-raising activities. These processes need to be further developed during the coming decade, and sharing of experiences should be further promoted. Mechanisms are needed to follow up on the views expressed and proposals made by children, and adults need to learn to give them due weight, including in the context of legal and administrative proceedings.

Box 14

Children and youth speak out through opinion polls

Opinion polls conducted in a number of regions give voice to children and youth on priority issues of concern to them. In Latin America and the Caribbean, the results of a regional survey of some 12,000 young people age 9 to 18 featured as a key input into two major meetings in 2000: the Fifth Ministerial Meeting on Children and Social Policy in the Americas, and the Tenth Ibero-American Summit of Heads of State. In 35 countries of Western Europe, CEE/CIS and the Baltic States, the results of a survey of over 15,000 9-17 year olds were presented in Berlin in May 2001 on the occasion of the first-ever intergovernmental conference on children in Europe and Central Asia. In East Asia and the Pacific, results of a survey covering 10,000 young people age 9 to 17 in 17 countries and territories were presented in Beijing in May 2000 at the region's Fifth Ministerial Consultation on Shaping the Future for Children. The similarities in the results of these surveys are striking.

Latin America and the Caribbean

The importance of family is recognized both as a source of values and as a wellspring for emotional and physical well-being. But over a quarter of respondents live in households without a paternal presence; another quarter report aggressive or violent behaviour at home, and nearly half feel their views are not heard when conflicts arise. Young people clearly value education, successful school performance being a primary concern for about one third of them. Over four out of five rate teachers positively, yet nearly half feel constrained in expressing their problems and needs in school. About one third feel they are not well informed about sex education, AIDS, and drug abuse prevention. Peer group relationships and organized groups are generally regarded as positive and respectful. Awareness of rights is widespread, but more information on the full spectrum of rights is needed. Over three quarters of young people believe their lives will be better than those of their parents. At the same time, respondents were split evenly between optimism and pessimism over the future of their countries. Youngsters feel a deep sense of empathy and concern for victims of natural disasters, child hunger and poverty, war, child abuse, delinquency and violence. Parents, the Church and teachers are highly rated on measures of trust, but government institutions were cited as trustworthy by less than a third of respondents, who also felt government attached limited importance to youth. Youth in the region call on adults to give young people more space, respect, better treatment and care, while government institutions are asked to keep their promises and do more to help the poor. The region's children dream of a country inhabited by good people, without crime, drug addiction, alcohol abuse or pollution of the environment, and with good economic prospects, peace and social equality for all (*Voices of Children and Adolescents in Latin America and the Caribbean, UNICEF Regional Office, May 2000*).

Europe and Central Asia

Some of the results reveal strongly divergent views among children from wide ranging socio-economic and cultural backgrounds, as is to be expected in such a large and heterogeneous grouping of countries. Others, however, reveal many common themes and shared concerns among the children of Europe and Central Asia. These include the importance of family and education; closer relationships with mothers than with fathers; recognition of unfair treatment of children from poor families and ethnic minorities, as well as those with disabilities; widespread disaffection with government and doubts about the efficacy of voting; relatively high prevalence of aggressive behaviour at home; concerns about neighbourhood safety; insufficient information regarding rights, sexual relations, HIV/AIDS and drugs, and lack of a say in decisions affecting their lives. Children's top six demands on the Governments of Europe and Central Asia are to do more to improve the quality of education; create more cultural, sports and leisure-time opportunities; improve social security systems; raise living standards; heighten safety; and ensure respect for children (*preliminary results of polls sponsored by UNICEF, with the OSCE Office for Democratic Institutions and Human Rights, April 2001*).

East Asia and the Pacific

Among the major findings in this region are a strong identification with the family as the source of values, security and support; the importance attached to school; optimism about personal futures, coupled with a less optimistic outlook on the future of communities; and a moderate awareness of rights in general, accompanied by limited awareness of specific rights. A substantial percentage of children feel their feelings and opinions are not taken seriously in their homes and communities. A quarter of respondents report violence or aggression in the home, and a similar proportion feel insecure in their communities at night. More than one third reported having tried smoking; one in five have tried alcohol; and a quarter or more report knowing children their own age who are addicted to these substances. Knowledge of HIV/AIDS and its prevention varies enormously among youth in the region, and much misinformation exists. Half of respondents' expectations of government focus on education; others include the creation of good living environments, stronger policies on child protection and improved access to health care for children (*preliminary results of a survey carried out by UNICEF, with support from UNAIDS and UNICEF national committees*).

416. Participation is closely linked to freedom of expression, including the right of access to information, and freedom of association. One of the most important developments during the decade that helps enhance child participation has been the growth and spread of new technologies, most notably the Internet. Another major development has been the effort made throughout the world to make children of different ages aware of their rights and opportunities, an effort that was called for both in the World Summit Declaration and in the Convention on the Rights of the Child. Many innovative activities have been carried out by Governments, NGOs and United Nations and regional agencies.

Priority actions for the future

417. Priority actions for the future include the following:

- Ensure that all children are registered at birth, and that other necessary measures are taken to protect the right to identity of all children;
- Further develop strategies and mechanisms to ensure children participate in decisions affecting their lives within the family, the school or the community, and to ensure they are heard in legal and administrative proceedings concerning them;
- Promote awareness of child rights among children and adults, and changes in attitudes and values that undermine the effective recognition and respect for the rights of children, especially to prevent all forms of violence against children.

V. Role of the family

418. As one national report stated, it is important to envision new responsibilities for families and communities, for it is there that respect for the rights of women and children is born. As the World Summit Plan of Action states, *for the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other caregivers to nurture and care for children in a family environment.* The Convention on the Rights of the Child includes similar provisions.

419. The type of support provided to families varies greatly. Many countries, even those with economic difficulties, provide some financial assistance, at least to the most needy families. Day care is an important form of support, especially for families in which both parents are or a lone parent is employed. In many countries, safety nets ensure the right of all children to medical services, education and adequate nutrition, when the family is unable to pay. Parent education and counselling programmes also help parents provide their children with a safe and nurturing environment and meet the challenges of raising children in a rapidly changing world. A critical situation exists in countries where poverty and unemployment resulting from structural adjustment has created a much greater demand for benefits, at the same time that the impact of adjustment on the public budget has reduced the Government's capacity to provide an effective safety net. Children are also at greater risk in countries where, in the absence of effective

public programmes, informal community-based mechanisms and non-governmental entities are the only sources of support available.

420. Adverse economic conditions not only undermine the ability of parents to provide children with living conditions that are conducive to healthy development but also strain the stability of the family itself. As a result of economic hardships, HIV/AIDS, armed conflict, divorce and abandonment, many countries report increases in the number of children living with one parent or in unstable arrangements. Such families are disproportionately affected by poverty due to discrimination against women in employment, wages and other economic rights. The role of the extended family and its ability to support the raising of children is diminished in many countries. This phenomenon has been accelerated by the AIDS pandemic, especially in Africa, where several countries report that the number of children orphaned by AIDS has outstripped the capacity of society to offer any form of alternative care, and growing numbers of children are simply left to fend for themselves.

421. Female fertility has declined in every region of the world during the decade. This is a positive development, not only because of the benefits of birth spacing for child and maternal health but also because smaller family size tends to enhance the ability of parents to provide their children with conditions conducive to healthy development. The decline in the fertility of girls aged 15 to 19 reported by many countries is another positive development, not only because of the implications for maternal and child health but also in view of its positive consequences for the education, development, equality and other basic rights of the adolescent girl.

422. According to WHO, each year 40 million children under the age of 15 are victims within the family of abuse or neglect serious enough to require medical attention. Social mobilization around child rights issues during the decade has led to a much greater recognition of the magnitude and urgency of this problem, and new initiatives to address physical and sexual abuse have been taken in many countries. Some protect children, while others protect women and girls. Violence against women and children are related: violence against mothers has serious psychological consequences for children in the household, contributes to the disintegration of families and perpetuates the cycle of violence. Girls are not the only victims, however; the victimization of boys is also widespread. As national end-decade reports indicate, important measures have been taken to overcome this situation: awareness programmes for children, telephone hot lines, and shelters for children who are fleeing abuse; legal reform to condemn these practices and increase the sentences applicable; obligatory reporting by professionals; restrictions on the employment of convicted offenders; new procedures to protect child victims from the ordeal of giving testimony directly in criminal investigations and trials; and sensitization of police and prosecutors. All comprehensive programmes include a component designed to provide victims with psychosocial and, if necessary, medical assistance. Many Governments cooperate closely with NGOs in this area.

423. Children deprived of a family environment have the right to special protection, assistance and alternative care. Institutional placement should be avoided and used only as a measure of last resort. In the past, too many children were institutionalized unnecessarily due to poverty because parents felt that placement was the only way to ensure that their children would be fed, clothed and sheltered, or because of handicaps that parents felt unable to deal with, or due to social stigma. This

underlines the importance of providing families in difficult circumstances with the support they need to shoulder their responsibilities, a solution that respects the child's right to a family environment and is more cost-effective as well. As the World Summit Plan of Action states, *extended families, relatives and community institutions should be given help to meet the special needs of orphaned, displaced and abandoned children. Efforts should be made to ensure that no child is treated as an outcast from society.*

424. A major shift towards recognition of the "last resort" principle occurred during the decade. In some cases, legislation has been revised to incorporate the principle; in others, the emphasis has been on restructuring the child protection system to increase the availability and coverage of non-institutional alternatives, such as guardianship and various forms of foster care. Increasingly, countries also are adopting policies based on a presumption that separation of the child from his or her family, when necessary, should be temporary and accompanied by efforts to redress the underlying causes and return the child to the family environment. Where informal or traditional forms of fostering or adoption are widely used or private entities play a large role in providing alternative care, efforts are being made to provide awareness and training on children's rights, to develop relevant standards of conduct and to increase supervision.

425. In some parts of the world, the issue is not excessive reliance on institutionalization. The problem is over-reliance on informal or traditional forms of adoption or fostering, or on private child-care institutions or international adoption networks, which frequently operate in a legal vacuum with little or no supervision, often as a result of the weakness of the public sector. During the decade there also has been growing recognition that, while mechanisms and bodies of this kind can make an important contribution to providing alternative care, the competent authorities must take steps to ensure that they operate in ways that are guided by the best interests of the child and compatible with the full range of rights to which children are entitled.

Priority actions for the future

426. Priority actions for the future include the following:

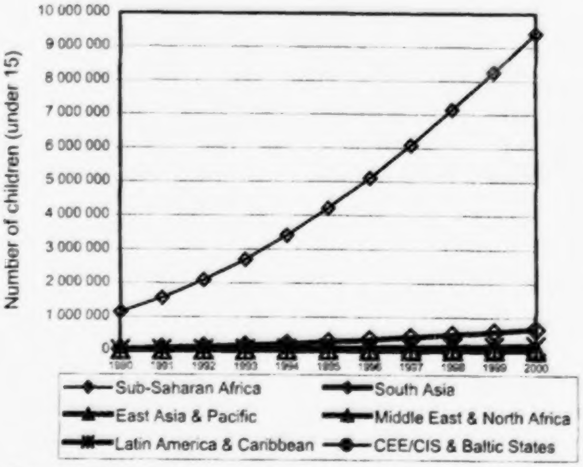
- Strengthen programmes to support families in their child-rearing responsibilities, including through parent education and counselling;
- Ensure the development of comprehensive national programmes for the prevention, detection and treatment of neglect and physical and sexual abuse of children;
- Ensure that all children deprived of a family environment have access to appropriate forms of alternative care in which their rights are fully safeguarded, including by increasing the availability of non-institutional solutions, training of caregivers and strengthening mechanisms for supervision.

Box 15

The plight of AIDS orphans

The global devastation of HIV/AIDS is slowly and cruelly destroying chances for millions of children to live, grow and develop in the caring and supportive environment of their families. Some 2.3 million children under 15 became orphans in 2000 due to AIDS-related deaths — one every 14 seconds. At least 10.4 million children currently under age 15 have lost their mother or both parents to AIDS. Even if no new infections occurred after year 2001, the proportion of children orphaned will remain disproportionately high until at least 2030. The situation in sub-Saharan Africa is especially acute.

Number of children under age 15 who lost their mother or both parents to AIDS, 1990-2000



Source: UNAIDS/UNICEF.

The rapid increase in the number of orphans is placing even greater stress on the already overburdened safety nets at community and family levels. The impact of AIDS is also straining government capacity to provide assistance, deliver services and ensure that the rights of all children are met. Studies in countries in Eastern and Southern Africa indicate that an orphaned child is more likely to be malnourished, sick and/or out of school than other children. Orphans under five are at special risk of neglect. They may be malnourished through lack of breastfeeding and limited availability of alternative foods, and sick because caregivers lack the time or knowledge for proper care.

A parent's death increases a child's vulnerability to abuse and exploitation. Orphans are more likely to be sexually abused than other children, to be pressured to marry at a younger age or forced into the workplace to ease the financial burden of a guardian. Orphans and widows are often disenfranchised within their extended family and lose their inheritance and other legal entitlements upon the death of a husband and father. Orphans and other children affected by HIV/AIDS are more likely to work in exploitative situations, to be at risk of violence, abuse and neglect or in conflict with the law. In many cases, orphans are forced to form "child-headed households", assuming adult roles and responsibilities at an early age. Others eke out a living on the street. Such children, especially girls, are at a particular risk of sexual exploitation and HIV infection.

Families and communities are the primary social safety nets for orphaned and vulnerable children, and countless examples around the world show how communities are mobilizing forces. However, the sheer scale of the orphan crisis is overwhelming, and Governments, NGOs, civil society and faith-based organizations, international agencies and donors are grappling with how to expand their action. From the global process of consultation and debate stimulated by the Durban AIDS Conference, a set of guiding principles for such efforts has emerged, which highlight the need to reinforce the caring and coping mechanisms of families and communities; enhance linkages between AIDS prevention activities, home- and service-based care, support for orphans and vulnerable children; include AIDS orphans within the broader spectrum of vulnerable children targeted for assistance, with attention to gender issues; involve children and adolescents as part of the solution; strengthen the role of schools; and vigorously combat stigma and discrimination.

VI. Follow-up actions and monitoring

427. The World Summit Plan of Action set out a range of measures for follow-up actions and monitoring at the national and international levels which were considered crucial if commitments to goals and specific actions were to be fulfilled. These included the formulation of national and subnational plans of action; the re-examination of existing national and international programmes, policies and budgets to see how they could give higher priority to children; encouragement of families, communities, social and religious institutions, business and the mass media to support the goals of the Plan of Action; establishment of mechanisms for the regular and timely collection and publication of data to monitor indicators on the well-being of children; strengthening of arrangements for responding to natural disasters and man-made calamities; and efforts by government, industry and academic institutions aimed at technological breakthroughs, more effective social mobilization and better delivery of services to accelerate progress towards the Summit goals.

428. In the first 10 years of the implementation of the Convention on the Rights of the Child, the Committee on the Rights of the Child has urged States parties to adopt essentially the same set of measures, including, in addition, law reform and the establishment of independent offices to monitor, promote and protect children's rights.

A. Follow-up actions

National and subnational plans and strategies

429. The World Summit Plan of Action called on Governments to prepare national programmes of action to implement the World Summit commitments in a coordinated and strategic manner. In response, as many as 155 countries prepared NPAs for children and social development, and have implemented them to varying degrees. In almost all of these plans, the World Summit commitments were adapted to reflect country-specific challenges, priorities and aspirations.

Box 16

Mainstreaming strategies and goals for children

One of the first NPAs for children to be prepared was that of newly independent Namibia. Namibia's first national development plan (NDP) drew heavily on the social planning experience gained from the NPA, and key elements of the NPA were accorded high priority in the NDP. In this process, some of the initial goals and provisions for children were further strengthened.

NDP implementation in Namibia has been largely in line with the child-focused thrust of the NPA. The share of basic social services in total public spending rose from 15 per cent in 1991 to 19 per cent in 1996, nearly reaching the national 20/20 benchmark called for by the World Summit for Social Development. Today, national development policies and social sector programmes in Namibia continue to reflect the thrust of the NPA adopted in 1991, combining vertical and horizontal programmes in a pragmatic approach to social development. The development of Namibia's NPA took place at the dawn of a newly independent State, and the opportunity was seized to place children high on the development agenda.

South Africa's NPA experience since the advent of democracy has been similar, with sustained high-level political commitment to the NPA, backed by a strategic coordination mechanism in the President's office. With this approach, children in these countries gained a central place on the national agenda and children's rights became increasingly mainstreamed in governmental activities.

430. In many cases, the NPAs were incorporated into national development plans, social policies and sectoral programmes. Countries that took this approach include Botswana, China, Egypt, Ghana, Indonesia, Malaysia, Mongolia, Namibia, the Philippines, South Africa and Thailand. In many Latin American countries, national action for children was pursued through child-focused social policies and budgets. In Brazil, India, Uganda and elsewhere, action plans for children have formed part of state or district development plans and programmes. In Canada, Ireland and Sweden, national strategies were developed for the implementation of the Convention on the Rights of the Child. Similar processes are currently under way in Costa Rica and New Zealand.

Box 17

Subnational and local action plans

In May 1992, motivated by a broad national alliance for children known as the Pact for Children, 24 of Brazil's 27 state governors, the President, Ministers of State and civil society agencies all came together at a Governors' summit. The Governors committed themselves to preparing state plans of action for children, and almost all have honoured this promise. A second summit focused on common targets, guidelines and systems for monitoring progress.

In Uganda, decentralization in the 1990s provided a good context for district action plans for children. These became the first local government vehicles for coordinated approaches to social development. These local plans for children have since been absorbed within wider district development plans, which have retained goals and strategies for children, as well as child-focused monitoring.

431. The national plans have elevated the profile of children in international and national political agendas and have advanced the mainstreaming of children's concerns in public policies and budgets. The establishment of benchmark goals and targets through NPAs has led to better monitoring of children's situations. Planning for children has also served as a vehicle for wider coordination in the social sectors, at the national, provincial and local levels. Accountability has been strengthened, as

has awareness of the problems faced by children who lack access to basic services or mechanisms to ensure the protection of their rights.

Box 18

Local action in Viet Nam

Viet Nam's NPA for children enjoyed a high level of political support and was approved at a national summit held in 1991, attended by provincial leaders and mass organizations. The Council of Ministers included the NPA in Viet Nam's national socio-economic development plan and as one of the priorities for investment in all sectors over the medium term. The NPA became one of 13 official "government programmes".

Within two years, almost all provinces in Viet Nam had developed action plans for children. Local action for children in Thai Binh Province resulted in the successful establishment of child protection funds, some raising up to $300,000, through an agricultural levy. In some localities, local resources have financed community-level actions for child protection and development.

432. At the World Summit, leaders also committed themselves to encouraging and assisting local governments as well as NGOs, the private sector and civic groups, to prepare their own programmes of action to help implement the Declaration and Plan of Action. More than 65 countries have implemented subnational programmes for children, including through municipal authorities. These exercises have helped fuel local demand for coordinated social development, and for more coherent approaches to social service provision, especially at the point of delivery. They have also helped reinforce a sense of social responsibility for children.

433. In a majority of countries and especially the more populous countries, subnational and local follow-up has taken place in the context of some form of decentralization. In certain cases, decentralization has brought development administration much closer to communities, opening up greater scope for participation and local accountability. It has also provided opportunities for coordinated action through district and community development plans and activities. In other cases, however, decentralization has suffered from inadequate resource transfers from the centre, weak local capacity, lack of clarity in the respective roles of local and central government, and failure to improve equity across territorial and social lines.

434. Four key qualities have been present in many of the positive experiences since the World Summit in national planning for children. The first is sustained levels of political commitment. The second is broad participation, especially among subnational governments and civil society, in the preparation, monitoring and evaluation of plans. A third is the initial or eventual mainstreaming of child-focused goals, priorities and strategies into wider national frameworks for development planning, resource allocation and implementation. The fourth quality is high-level coordination and monitoring of policies and strategies for children, with technical and administrative support from clearly identified agencies. These qualities have

helped generate high levels of national ownership and consistent follow-up. Where they did not exist, however, action planning for children was sometimes an isolated technical exercise without wider influence.

Strengthened data collection, analysis , monitoring and research

435. The Plan of Action of the World Summit for Children called for each country to establish *appropriate mechanisms for the regular and timely collection, analysis and publication of data required to monitor relevant social indicators relating to the well-being of children*. It noted the need for statistics disaggregated by gender; highlighted the importance of timely information; and urged the review of indicators of human development by leaders and decision makers with the same concern as indicators of economic development.

436. The call for regular and timely collection, analysis and publication of disaggregated social data and its greater use at subnational levels has been echoed in a number of international conferences throughout the 1990s. Most countries and regions report that the quality, availability and use of data on children and women have been consistently improving since the World Summit. Much of the progress has been catalysed by the monitoring and reporting requirements established for the follow-up of the Summit, including the mid-decade and end-decade reviews. This has been further strengthened by the periodic reporting process established for States parties to the Convention on the Rights of the Child; by review exercises conducted in follow-up to other international conferences; and by other assessment exercises, such as the recent global assessment 2000 conducted by the Water Supply and Sanitation Collaborative Council.

437. Tremendous efforts have been made in several areas: to expand the database on children and women and to build national capacity for data collection and analysis, including in connection with MICS and Demographic and Health Surveys; to promote intersectoral and inter-agency coordination in data collection and the development of indicators, through, for example, the common country assessment/ UNDAF and EFA; to establish computerized database networks; and to develop innovative instruments and participatory techniques for the collection and analysis of information from key stakeholders, such as youth, and from children's opinion polls and the World Bank "Voices of the poor".

438. Governments have strengthened routine reporting mechanisms on children, while regional and international agencies have supported capacity-building and standardization in the development and monitoring of social indicators. Users and producers of statistical information and data have come together to develop common approaches to integrate development and human rights issues into statistical work. Particular attention in recent years has been given to developing indicators and gathering information in areas of emerging concern related to child labour, children affected by armed conflict, child trafficking and the situation of orphans and abandoned children. The right to a family environment and to protection against abuse or neglect have also been more fully appreciated through analysis and research.

439. NGOs, universities and research institutes have been involved in both the collection of data on children and its use in advocacy and programme development. The media have been important in the wide dissemination of information for advocacy purposes, helping to make children's issues more visible in national

debates. Overall, there has been a growing sense of government accountability to children, and public scrutiny has gained in strength.

440. Despite such clear progress, a number of national reports and other contributions to the end-decade review of the World Summit identified the need for further strengthening of data collection and analysis. Several reports pointed out the difficulties of monitoring progress and setting priorities for the future in the absence of a sound baseline of information. The demand for reliable subnational data continues unmet in a number of countries. Filling this gap is particularly important in view of the trend to rapidly decentralize planning and administration in many regions. Disaggregation of key indicators remains a key challenge, and weaknesses in this area continue to hinder efforts to overcome disparities and identify the most vulnerable children. Further research is urgently needed on such issues as the impact of armed conflict and HIV/AIDS on children, economic and sexual exploitation and child trafficking. National capacity-building for data collection, analysis and dissemination remains an ongoing challenge, with appropriate international support likely to be required in several regions in future.

Resource mobilization for children

441. The reallocation of government budgets and official development assistance and measures to reduce the burden of debt were among the most important actions called for at the World Summit for Children. The Summit Declaration and Plan of Action included the promise that programmes for child survival, development and protection would have a priority when public resources were allocated. Developed countries promised to do the same in relation to their development assistance budgets. It was envisaged that every effort would be made to ensure that programmes for children are protected in times of economic austerity and structural adjustment.

Box 19

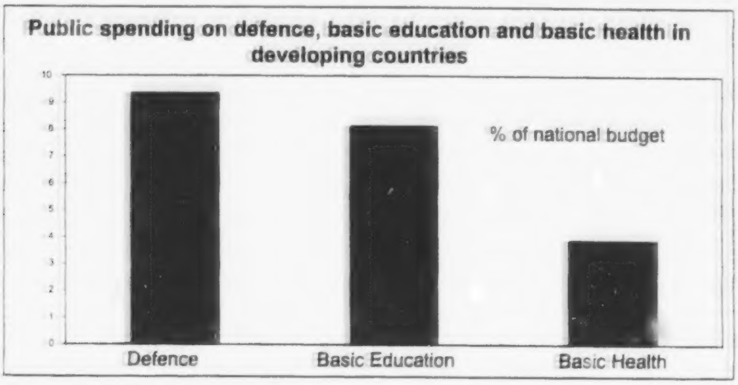
The 20/20 Initiative: resource mobilization for children

A child-friendly initiative that took root in the 1990s was the 20/20 Initiative. Endorsed at the World Summit for Social Development, its aim is to provide a financial framework for ensuring that an integrated package of basic social services of good quality becomes available to all in the shortest possible time. In turn, universal coverage of basic social services is essential for reaching many of the international development targets.

Nothing speaks louder than resource allocation in favour of children. The 20/20 Initiative is based on the premise that, on average, 20 per cent of the national budget in developing countries and 20 per cent of ODA — if spent efficiently — would suffice to achieve universal access to basic social services. However, most countries underinvest in basic social services. Studies carried out in some 30 developing countries indicate that, during the 1990s, basic social services, including health, education, sanitation and clean water, received, on an average, between 12 and14 per cent of the national budget. On average, only 11 per cent of ODA is allocated to these services.

Underinvestment in basic social services was a major reason why several of the World Summit for Children goals have not been met. Issues of efficiency certainly cannot be sidestepped. But many inefficiencies in public spending take root when resources are scarce. For example, when the lion's share of budgets for primary education has to go to meet teachers' salaries — an essential expense — there will be little scope to increase enrolment or improve the quality of education. Small insufficiencies can lead to large inefficiencies.

Achieving all the goals of the Summit by the year 2000 was an affordable proposition. The cost of realizing universal access to health, water and sanitation, and education was estimated by the United Nations and the World Bank to be an additional $70 to 80 billion per year (in 1995 prices). Developing countries spent, on average, more on defence than on either basic education or basic health care. Levels of defence spending by developed countries were about 10 times the levels of spending allocated to international development assistance.


Public spending on defence, basic education and basic health in developing countries

Source: UNICEF, UNDP, 1998.

A recent update estimates the global annual additional cost of achieving education for all in developing countries by 2015 at about $9 billion (in 1998 dollars). Although large in absolute terms, this amount represents less than one third of one tenth of one per cent of world GNP and 0.14 per cent of the combined GNP of developing countries. The education goal and the other international development targets represent excellent investments in the future — and the world can afford them. Can it afford not to make them?

442. Partial evidence from national sources and international studies suggests that there have been increases in budgetary allocations to basic social services in at least some countries. Initiatives were also undertaken to invest in child and human development by drawing on international funding sources. Some Governments have developed special sections within their budgets focusing on children, to increase the visibility of children and encourage parliamentary debate and awareness. Others have begun to build in "child impact analysis" to assess the likely direct or indirect

effects for children of draft budgets, as well as of new legislation, policies and programmes, including in such areas as taxation and social security, which may not appear to be directly concerned with children. Development of such systems of analysis can build on the experience of many countries' gender and environmental impact assessments and also have potential for increasing the "visibility" of children's concerns in resource allocations.

443. These positive trends in some countries, however, have been far too limited. Many low-income nations and countries in transition have continued to report the lack of resources as the principal constraint to improving the situation of children and women. In some cases, investment in basic services for the poorest communities has decreased alarmingly due to a combination of political and economic crises, socially insensitive financial reforms or a general lack of focus on poverty in national policies. Armed conflict has sometimes been a massive drain on public resources, at the direct expense of social and economic investment. Notwithstanding, there are countries that managed to increase their budgetary allocations for social development during or shortly after a major armed conflict. Ghana, the Islamic Republic of Iran, Mauritius, Namibia and Tunisia are other examples of countries which have prioritized social investments, with positive results for children.

444. In 1995, the World Summit for Social Development endorsed many of the goals of the World Summit for Children and endorsed the 20/20 Initiative. Full implementation of this Initiative could have helped to fulfil the promise made at the World Summit for Children. However, a review in 2000 of implementation found only limited progress.

445. At the same time, as outlined in part I, chapter II, of the present report, donor countries, as a group, have not managed to achieve or even move towards the long-standing 0.7 per cent global target for ODA, despite unprecedented budget surpluses and economic growth in several industrialized countries. Many least developed countries have seen their share of ODA decrease, and progress was not achieved in fulfilling the agreed target of earmarking 0.15 to 0.2 per cent of GNP as ODA for least developed countries. Children in the poorest countries have suffered the most from inadequate international assistance.

446. A promise was also made at the World Summit for Children to pay urgent attention to an early, broad and durable solution to the external debt problems facing developing debtor countries. Among 30 low-income countries studied during the 1990s, some two thirds were spending more on external debt servicing than on basic social services. Several were spending three to five times more on debt. While important initiatives, such as HIPC I and II, have been undertaken towards this end, by early 2000 debt relief had been provided for just four countries, while 22 countries had been declared eligible for relief by end 2000. Major breakthroughs have certainly been made in the last two years — but in the longer perspective of years since the World Summit, adequate and timely debt relief has been slow in coming.

447. The 1990s were a time of extraordinary economic growth for the global economy. However, many of the world's children in most need have clearly not had the promised "first call" on the allocation of resources. The major benefits of growth have accrued to a minority, and the period has been one of growing inequality and

greater impoverishment of many families already at the lower rungs of the income ladder.

Advocacy and awareness-raising

448. The World Summit for Children and the entry into force of the Convention on the Rights of the Child raised awareness of children's issues to a new level. These two milestones brought children to the forefront of public and political agendas worldwide for the first time in history. Heralded in advocacy, media messages and by political and civic movements, these new standards and goals for the survival, development and protection of children united people as never before.

449. Over the decade, an alliance of individuals and groups with concern for children took shape, bound by common agendas and platforms for action. Examples of successful international advocacy for children were the efforts of ECPAT and other international NGOs in forcing the issue of commercial sexual exploitation into the public arena in such a way as to elicit government and private sector action; and a groundswell of international concern and advocacy, following the Machel report, about the impact of armed conflict on children (see part II, chapter IV), which helped bring about the Convention on the Prohibition, Use, Stockpiling, Production and Transfer of Anti Personnel Mines and on Their Destruction, the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and other breakthroughs. The voices of children themselves were strongly heard on the issue of child labour. And a new groundswell is building in the new decade on the question of small arms and light weapons.

450. Intergovernmental bodies in all regions have engaged in serious consideration of child rights, often appointing focal persons, dedicating meetings and encouraging debates on children's issues, building networks to generate advocacy and engaging in cross-regional research on such topics as "Young people in changing societies", a project of the UNICEF Innocenti Research Centre on the situation of children in Eastern Europe. Campaigns have ranged from the elimination of FGM to the abolition of child labour, and annual dates, such as the Day of the African Child and International Children's Day of Broadcasting, have been observed.

451. At the national level, the development and launch of NPAs often attracted considerable media attention. The ratification of the Convention on the Rights of the Child was often preceded by national legislative reviews and debate reflected in the news and other media, and accompanied by the revision of school curricula to reflect its key provisions. As a result of these efforts, many countries have reported an increase in public awareness and debate about children's rights, and children themselves have played active parts in shaping media activities. This momentum must be maintained if better times for all children are to be assured.

452. At the same time, the General Assembly decided, in its resolution 51/186, to convene a special session of the General Assembly in 2001 to review the achievement of the goals of the World Summit for Children, and requested the Secretary-General to submit to it at the special session a review of the implementation and results of the World Declaration and the Plan of Action, including appropriate recommendations for further action.

Law reform

453. The leaders who gathered at the World Summit for Children urged the promotion of the earliest possible ratification of the Convention on the Rights of the Child and its effective implementation and dissemination. By the end of 1997, all but two countries had ratified the Convention. No other human rights instrument has amassed such a level of support in so short a time.

454. The Convention on the Rights of the Child has helped inspire the development of other international human rights standards, including the Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, and new standards for inter-country adoption, child labour and juvenile justice. There has also been a trend by States parties to the Convention to review and withdraw any reservations they had initially registered to its provisions.

455. There have been significant developments at the regional level as well. In 1990, OAU adopted the African Charter on the Rights and Welfare of the Child, the first regional charter of its kind. This entered into force in 1999. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (the Convention of Belém do Pará) entered into force in 1995, and the European Convention on the Exercise of Children's Rights came into effect in 2000.

456. At the national level, many of the new constitutions introduced over the past decade have included provisions explicitly guaranteeing children's rights, and existing constitutions have been amended to explicitly incorporate children's rights for the first time. Since the World Summit, countries from every region have also undertaken reforms to improve the conformity of their national legislation and codes with the principles and provisions of the Convention on the Rights of the Child. These include:

- Laws to protect children from discrimination, especially in access to education and in the acquisition of citizenship and nationality;
- Increased legislative focus on the protection of children from violence, including within the family, and the prohibition of corporal punishment;
- Legislative measures for the care of children separated from their parents, often focused on reducing reliance on institutional care, establishing adoption procedures and fostering systems, and regulating intercountry adoption;
- Actions to counter harmful traditional practices, including laws prohibiting FGM and early and non-consensual marriages;
- Laws raising to 18 years the minimum age for recruitment into military forces;
- New laws to prohibit child prostitution, child trafficking for sexual purposes and child pornography;
- Labour laws setting minimum ages of access to employment, prohibiting the worst forms of child labour, recognizing the role of education as a key preventive measure and regulating working conditions;
- Specialized juvenile justice systems, setting minimum ages of criminal responsibility, foreseeing due process, viewing the deprivation of liberty

increasingly as a last resort, and ensuring the separation of juveniles from adults in detention centres.

457. Several areas of national law reform have increasingly involved international cooperation, as reflected in extraterritorial legislation on sexual exploitation and trafficking, and in bilateral and regional agreements to combat the sale of children.

458. The involvement of countries in the reporting process under the Convention on the Rights of the Child, and in dialogue with the Committee on the Rights of the Child, has also helped to identify necessary legislative changes. Many countries have taken initiatives following the recommendations of the Committee on their national progress reports, and have responded positively to suggestions that reservations to the Convention be reviewed with a view to their withdrawal.

459. For all of the positive developments to date, the process of reshaping national laws as a basis for the full protection of children's rights has only begun. Many countries have not yet established effective processes to review and reform their legislation and, over time, new challenges will arise, including from the recently adopted protocols to the Convention. Efforts made in the 1990s are very important first steps. But there is a continuing need to ensure that new laws reflect the provisions and principles of the Convention, especially those of non-discrimination, participation and best interests of the child. Law enforcement officials, the judiciary, teachers, child welfare professionals and others who work with children need to be trained and supported to fully understand the content and significance of new laws and regulations, to develop commitment to the changes involved, and to apply them. Children and adults alike need to be made aware of new laws, and the remedies and procedures they make available.

Independent offices to monitor, promote and protect children's rights

460. Over the past decade, a number of countries have established national institutions for children. In some cases, existing offices were asked to adopt a stronger child focus. In others, independent offices were created to promote and monitor progress towards the realization of goals for children and child rights — from ombudspersons to child rights commissioners.

Box 20

Ombudspersons for children

The appointment of independent offices has been strongly promoted by the Council of Europe, whose **European Strategy for Children** proposes the appointment of a commissioner (ombudsman) for children or another structure offering guarantees of independence, and the responsibilities required to improve children's lives, and accessible to the public through such means as local offices. The Strategy for Children, adopted by recommendation No. 1286 of the Parliamentary Assembly of the Council of Europe in January 1996, puts all its recommendations in the context of the Convention on the Rights of the Child.

The **European Network of Ombudsmen for Children** was established in 1997 to link independent European human rights institutions. It aims to encourage the fullest possible implementation of the Convention, to support collective advocacy for children's rights, to share information, approaches and strategies on the improvement of the situation of children, and to promote the development of effective independent offices for children.

461. During the 1990s, ombudspersons were established in at least 40 countries and have gained a particular relevance as spokespersons for children, advocating for the best interests of the child as a primary consideration in all decisions affecting them. Today, the highest concentration of these spokespersons is found in Europe, but many examples exist in other regions, including in Costa Rica and Tunisia. More assessments are needed of the work carried out by such independent institutions, to shed light on the difference they can make to children's lives and to inform the establishment of new ones. Standards for such institutions could usefully be developed, building on the Paris Principles Relating to the Status of National Human Rights Institutions adopted by the General Assembly in 1993.

Mechanisms for emergency response

462. Countries were urged to examine their arrangements for responding to natural disasters and man-made calamities, which were recognized by the World Summit as often affecting children and women most severely. Contingency plans for disaster preparedness were also called for, where they did not exist. The increasing complexity of many emergencies during the 1990s and the rising number of natural disasters, often with devastating and widespread consequences for children, have only reinforced the need for such mechanisms. National emergency systems must be dynamic and flexible — and have sufficient resources — to take account of the increasing levels of vulnerability caused by population density and environmental degradation.

463. Emergency management systems have now been put in place by virtually all countries, although their resource levels and capacities still vary widely. Bangladesh is an example of a highly disaster-prone country which has developed a well-functioning mechanism for early warning and response to deal with the yearly occurrence of flooding and other natural disasters, such as cyclones. China has also made notable progress in alleviating the effects of flooding on affected people. Botswana's effective system of drought relief has been maintained for at least two decades.

464. In countries where administrative decentralization has taken place, some provinces or states have developed stronger capacity than others, and strategies for disaster response may need to be adjusted accordingly. International response efforts have also grown in prominence, as seen in the Southern African Development Community (SADC), which has set up national and intercountry mechanisms. These have placed a strong focus on monitoring drought and displacement and relieving their effects on vulnerable families. SADC officials meet regularly and to some extent pool resources, as was shown in the region's response to flooding in 2000. However, information-sharing and early warning are seen as areas requiring more attention within Africa and elsewhere. Meanwhile, United Nations inter-agency teams have increased their support to national Governments in emergency preparedness and response, including in Nepal, Nigeria and Zimbabwe.

Mobilization of all sectors of society

465. The Plan of Action called for families, communities, local governments, NGOs and social, cultural, religious, business and other institutions, including the mass media, to play a role in pursuit of the World Summit goals. It also envisaged the mobilization of all sectors of society, including those that traditionally did not focus on children, and placed special emphasis on the world's new information and communication capacity. The present report reflects, in all its chapters, the key roles which have in fact been played by NGOs and other civil society actors in advocacy, awareness-raising and programme implementation; in monitoring and supporting the implementation of the Convention on the Rights of the Child; in participating in national, regional and global end-decade reviews; and in preparations for the General Assembly's special session on children, to be held in September 2001.

466. Experience over the decade has affirmed the wisdom of involving the broadest possible range of actors in the cause of children's rights, and this year's special session on children has been recognized as an opportunity to carry this process of mobilization still further.

467. In a special event in February 2001, at the conclusion of the second session of the Preparatory Committee for the special session, representatives of UNICEF, the Bangladesh Rural Advancement Committee, Plan International, Save the Children, World Vision and Netaid issued an invitation to the thousands of other organizations around the world that have been involved in the struggle for children's rights to harness their collective force as the Global Movement for Children.

468. The Movement will call for accountability and action by leaders at every level of society — public and private, adults and young people alike — to change the world *for* children and *with* children. It will seek to attract to the cause of children's rights new groups, such as trade unions, religious and youth organizations, local authorities, political and women's organizations and various foundations. It also hopes to recruit prominent public figures — politicians, academics, performers and sports personalities — as well as media organizations. Business leaders and private sector groups will also be engaged in dialogue and activities that will lead to practices that are consistently responsible to children.

469. As part of the Global Movement for Children, an initiative has been launched to secure an unprecedented global pledge campaign on behalf of children, led by an array of international personalities, including Nelson Mandela and Bill Gates. More than a simple sign-up campaign, "Say yes for children" is designed to focus attention on the serious issues that face children today and to galvanize action among those with the power to make change in the coming years. The results of the campaign will be presented to the General Assembly's special session on children.

B. Monitoring progress

Intensive processes of review and reporting

470. One of the distinctive features of the World Summit for Children was the enormous effort made to ensure regular, high-quality reporting on progress. The Declaration and Plan of Action have been monitored more closely and in greater detail than any comparable set of international commitments, with national, regional and global processes established to track the follow-up on commitments.

471. The Secretary-General submitted reports to the forty-fifth, fifty-first and fifty-third sessions of the General Assembly on progress in the implementation of the World Summit Declaration and Plan of Action, while UNICEF submitted annual reports on global progress to its Executive Board. Key issues and trends, including areas requiring increased attention, have been highlighted in UNICEF flagship publications, *The Progress of Nations* and *The State of the World's Children*.

472. A mid-decade review, held in 1995, focused on a set of interim goals established through wide consultative processes. These mid-decade goals set out the minimum levels of achievement needed as stepping stones to the goals for the year 2000 and set out specific areas critical to the survival and development of children: protection against vaccine-preventable diseases, treatment when sick with diarrhoea, breastfeeding and good nutrition, protection against the disorders of iodine and vitamin A deficiency, and access to basic education and to water and sanitation facilities.

473. In order to fill data gaps on indicators of progress towards the goals, an inexpensive and easily-applied MICS methodology was developed. One hundred countries collected data using the MICS and Demographic and Health Surveys, or through the use of MICS questionnaire modules in other household surveys. In September 1996, on the sixth anniversary of the World Summit, the results of the mid-decade review were presented in a report of the Secretary-General to the General Assembly (A/51/256).

474. The mid-decade review showed significant progress in most countries in immunization, the control of diarrhoeal diseases, poliomyelitis, dracunculiasis and IDDs, and access to safe water. Concern, however, was expressed over the considerable variations in achievements across countries and regions. Of particular concern was the fact that overall progress in malnutrition, maternal mortality, sanitation, and girls' education had often been weak. Governments, donors, United Nations agencies and other members of the international community were called upon to accelerate implementation of the World Summit Declaration and Plan of Action, particularly in the areas where the least progress had been made.

End-decade review

475. Extensive end-decade review and reporting processes were established at national, regional and international levels. As of the end of April 2001, 130 reports had been received from Governments and 15 reports from United Nations agencies and others (see annexes II and III). The number and high quality of the reports are encouraging indicators of the commitment of Member States and members of the United Nations system to the continued implementation of the Summit Plan of Action, and ensure the successful outcome of the special session on children.

476. Top-level political commitment was seen in a number of national review processes by direct involvement of the offices of heads of State or Government. The reviews gained additional visibility through linkages with high-level regional events. Participants in the reviews included intersectoral government bodies, parliamentarians, national and international NGOs and CSOs, religious groups, academic institutions, the media, United Nations agencies and donors. This helped ensure broad ownership of review findings and consensus on priorities for future action. Various efforts were also made to encourage participation by children, notably through children's and youth parliaments, forums and opinion polls. A

number of countries extended the review to subnational levels through local surveys and consultations.

477. A wide range of information sources were drawn upon, including qualitative and quantitative studies, assessments and surveys, and the results of other recent international reviews. Many countries made specific reference to the close links between the end-decade review process for the Summit and reporting to the Committee on the Rights of the Child and other relevant United Nations human rights treaty monitoring bodies. One of the most encouraging aspects of many national reviews has been the extent to which they have gone beyond a retrospective analysis to set priorities for future policies on children. In a number of countries, this has involved preparations for, or even completion of, a new generation of NPAs for children.

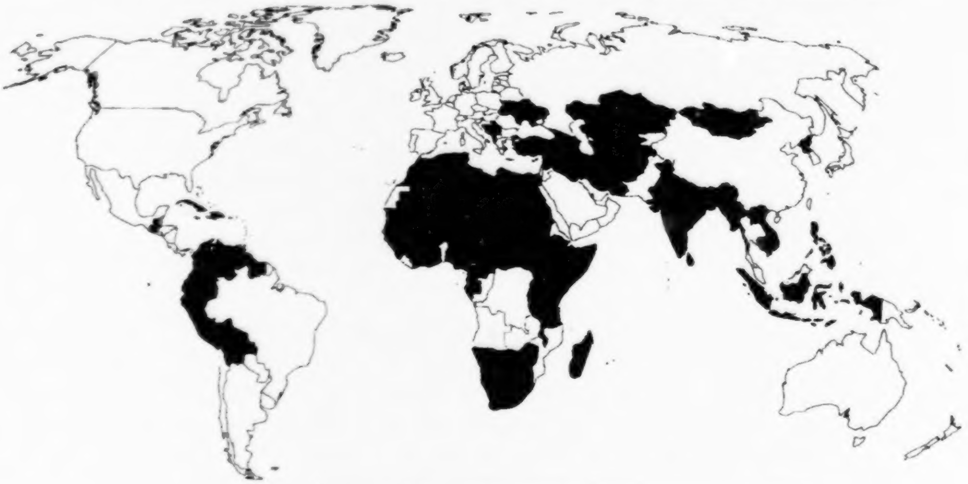
478. As with the mid-decade review, a key input for the national reviews of progress at end-decade has been support for strengthened data collection and analysis. Drawing on the results of a 1997 evaluation of MICS, a revised set of indicators was developed by partners and included in new surveys in order to provide a broader base from which to measure progress. Additional indicators have been added to assess civil rights, the family environment and child exploitation, as well as the IMCI initiative, malaria and knowledge of HIV/AIDS.

479. In all, the end-decade second round of MICS — MICS2 — was designed to obtain data for 63 end-decade indicators. With UNICEF support, MICS2 was conducted in 66 countries, covering over half of the developing world's population, representing the largest single data collection effort in history for monitoring children's rights and well-being. Demographic and Health Surveys have been conducted in another 35 countries, while other special surveys have covered most of the remaining developing countries.

480. While many of the national end-decade review reports incorporated data from MICS2, much of this data had not been received by the time of preparation of the present report, which is based on earlier data received through annual monitoring processes and other sources. UNICEF is continuing to develop a set of global databases for the end-decade assessment which will provide, where possible, statistical information for the current situation, as well as information on progress over the decade for each of the end-decade indicators. These databases will cover cross-sectoral and/or trend data for more than 50 indicators. Some of the databases were placed on the Internet on an experimental basis in late 2000, and will be used in a statistical annex to be distributed at the special session of the General Assembly on children.

481. The World Summit Plan of Action requested all regional institutions, including regional political and economic organizations, to include consideration of the Declaration and Plan of Action on their agenda, with a view to developing agreements for mutual collaboration on follow-up. Regional and subregional bodies were also encouraged to organize appropriate processes to build partnerships for and with children and contribute to preparations for the special session (see General Assembly resolution 54/93). The wide variety of regional processes set in motion attests to the enthusiastic response.

Figure 22. End-decade household survey activity, developing countries,[a] 1998-2000



Multiple Indicator Cluster Surveys - **66 countries**
Demographic and Health Surveys - **35 countries**

Source: UNICEF.

[a] Including Albania and Yugoslavia.

Box 21

Regional reviews and agenda-setting

In **Africa**, the OAU Lomé Summit declaration entitled "Africa's children, Africa's future", issued in July 2000, encouraged Member States to articulate a visionary but feasible agenda for African children over the next decade, recognizing HIV/AIDS as a priority challenge and addressing other pressing issues. Follow-up meetings in 2001 involved a broad range of partners, including the Economic Commission for Africa (ECA), the Arab League and ECOWAS.

The League of **Arab States** invited members in June 2000 to undertake national reviews of the situation of children and to participate in preparations for the special session. A draft declaration and framework for action on the rights of children has been prepared for the period 2001-2010, and a regional high-level conference on children is to be held in Cairo between 1 and 4 July 2001.

In **East Asia and the Pacific**, four ministerial consultations on children and development have been held since 1990, with the fifth to be held in Beijing in May 2001, to play a critical role in shaping the region's future agenda for children. An assessment of the state of implementation of the Convention on the Rights of the Child in the 10 member countries of the Association of Southeast Asian Nations (ASEAN) forms the basis for joint planning of regional actions by the ASEAN secretariat and UNICEF.

South Asian Governments are to participate in a high-level meeting in Nepal in May 2001 on the theme "A South Asian imperative: investing in children", while a July 2001 symposium in Islamabad is to examine achievements and promote sustained action on the South Asian Association for Regional Cooperation (SAARC) Decade Plan of Action for the Girl Child.

In **Europe and Central Asia**, a conference in May 2001 is to adopt the Berlin Commitment for Children of Europe and Central Asia, focusing on such key issues as problems of transition, discrimination and ecological sustainability, with participation by young people and NGOs.

In **Latin America and the Caribbean**, five ministerial meetings since the World Summit for Children have been held to assess achievements and constraints. The Lima Accord, adopted in 1998, helped accelerate progress, while the Kingston Consensus, adopted at the fifth meeting, in 2000, represents the regional contribution of the Americas at the special session. Significant commitments were also made at the Tenth Ibero-American Summit of Presidents and Heads of State on Children and Adolescents, held in 2000.

482. For the end-decade review at the global level, the General Assembly established the Preparatory Committee for the Special Session on Children, to meet in May 2001, open to all Member States and observers. The Preparatory Committee is guided by a five-member Bureau, with UNICEF serving as substantive secretariat.

483. Nearly 1,000 participants attended the Preparatory Committee's first session, in May-June 2000, including representatives of almost all Member States and all major United Nations bodies, as well as more than 235 grass-roots, national and international NGOs. Delegations considered the report of the Secretary-General on emerging issues for children in the twenty-first century (A/AC.256/3-E/ICEF/2000/13) and reached agreement on three outcomes to be pursued through future action for children to ensure a good start in life, a good quality basic education and adolescent development and participation. Following the first session, a draft provisional outcome document, "A world fit for children" (A/AC.256/CRP.6), was prepared and issued by the Bureau for eventual adoption at the special session.

484. The second session of the Preparatory Committee, held in January-February 2001, was similarly well attended by Member States, NGOs and young people. It reviewed initial findings of the end-decade review and provided comments on the draft provisional outcome document, following which a revised draft outcome document "A world fit for children" (A/AC.256/CRP.6/Rev.1) was prepared and distributed by the Bureau for consideration at the third session, to be held in June 2001.

Part three
Perspectives for the future

I. Lessons learned from the past decade

Bridging the gap between consensus and action

485. What is striking about the follow-up process in the aftermath of the World Summit for Children is the time it often took — and still takes — for political consensus on children to be translated into effective action. For many reasons, we do not always quickly apply what we know.

486. A decade ago, the Declaration and Plan of Action of the World Summit had already recognized the importance of pursuing child-specific actions in national policies and plans, of supporting the efforts of parents and caregivers, of empowering young people with knowledge and resources, and of mobilizing all sectors of society to achieve results for children. Political leaders at the World Summit also recognized the dire threat of the AIDS pandemic and gave high priority in the Plan of Action to its prevention and treatment.

487. Yet a gap remains between promise and action. Its consequences are probably most apparent in the death march of the HIV/AIDS pandemic and its devastating effects on the survival and development of children in the most affected regions. But they are also evident across the whole range of children's rights, including health, education, protection, recreation and participation. Only where high-level promises to children have been bolstered by unwavering political commitment and mobilization by all sectors of society have we seen lasting advances for children.

Elsewhere, it has become urgent to understand and address the reasons for partial responses and halting progress, in spite of commitments made, knowledge available and significant resources at hand.

488. The lesson emerging from the frequent gap between commitments made and action taken is that the challenges confronting children must be addressed by enlisting a broad range of actors, on the basis of leadership and accountability throughout society. The most striking advances towards the goals of the World Summit for Children — first in immunization, then in polio eradication, salt iodization, vitamin A supplementation, guinea worm eradication and, in some regions, school enrolment — are found in this combination of strong partnerships and sustained political commitment.

489. Experience in the 1990s also confirmed that approaches based explicitly on child rights principles can make a difference in development implementation. This was not fully appreciated in 1990, when concern focused much more on achieving ratification of the Convention on the Rights of the Child than on how the principles within the Convention could be applied. But recent years have produced many positive examples of the application of these principles to practical action. Examples include community-led monitoring for reducing child malnutrition in parts of South Asia and East Africa; special efforts to provide relevant education to minority language populations in semi-arid areas; legal reform leading to changes in the treatment of children in custody and courts in South America; and initiatives to ensure high rates of immunization and prevent children entering the commercial sex trade by self-designated "Child-friendly cities" in Asia. Better analysis of the underlying causes of social and economic exclusion based on discrimination has led to more effective strategies for reaching the unreached.

Improving the context for child goals and children's rights

490. It has also become clear that children's rights and specific child-related development goals are best pursued within the broader framework of human rights. The Convention on the Rights of the Child and other human rights conventions have emerged as an ethical framework and powerful legal instruments for achieving this. At the same time, the status, role and well-being of women are now widely understood to be central both to human development and to the realization of children's rights. Grossly unequal gender relations, low female representation in politics, high risks of death and injury in pregnancy and lack of education opportunities not only constitute a denial of girls' and women's rights — they also directly undermine the growth and development prospects of children.

491. Development and democratic processes at all levels of society are closely interrelated and mutually reinforcing — if not popular among political elites everywhere. Transparent and accountable government, in particular, is an essential condition for securing the rights and development of children. High-quality governance depends on commitment to human rights, including the rule of law, the reduction of impunity and the impartiality of the judiciary. Governments must also play their role as guarantors of comprehensive access to a basic set of public services, including protection from violence and aggression. Civil society and families have shown that — with the appropriate support — they can take a lead role in promoting and protecting the rights of children. In the 1990s, the reform of legislation and codes relating to children in many countries gave great — and

sometimes unexpected — impetus to public sector accountability and awareness of children's rights.

492. Impunity among adults has marked the treatment of children, particularly the most vulnerable, for much of humanity's past. Those who have injured, abused, killed, traded or otherwise exploited children for profit or satisfaction have rarely been called to account. Developments in recent years have given some hope that an end may be in sight to this shameful state of affairs — and have shown the powerful role of judicial systems and other recourse mechanisms in preventing and dealing with violence against children. Where national legislation to end impunity is combined with local mobilization and awareness of illegality, it is possible to curb violence and abuse against children. Two-pronged strategies of this kind can be effective even in conflict situations or in opposition to long-standing violations, such as FGM. They require bold and committed leadership and may not be popular initially.

493. This is also an area where government partnerships with the private sector, drawing on its resources while ensuring that it adopts responsible practices, can pay dividends — as seen in the cases of trafficking and harmful child labour. CSOs have a key role to play as independent monitors, in changing views of what is considered acceptable behaviour and in raising awareness of children's rights. Intergovernmental and regional partnerships are also demonstrating their potential impact. Initiatives in the 1990s to address exploitation and violence have shown again how children's rights and progress are directly related, with strong linkages demonstrated between education systems and the reduction of child labour; birth registration and the access of minority children to basic services; and humanitarian relief and child protection in conflict situations.

Seeing children differently and acting accordingly

494. The World Summit for Children recognized the need for millions of children living in especially difficult circumstances to receive special attention, protection and assistance. Repeated experience in the 1990s has shown the need to move away from the frequent assumption that such children are somehow to blame for their predicament. From the failures of earlier projects, which "targeted" children as "problem individuals", we have seen that the roots of problems affecting children are usually found in the wider social setting. Policies need to focus on addressing not only immediate factors affecting children but also the broader reasons for their exclusion. Putting children into institutions, for example, has often been an immediate response to problems but has rarely been a solution. The wider factors at work may include the failure to address prejudices about disability or ethnicity that lead to discrimination or the need to protect children, including girls and adolescents, from such risks as drug trafficking and gender-based violence.

495. The prevailing view of adolescents should also continue the shift from seeing them as harbingers of problems, such as violence and drug abuse, to viewing them as potential contributors to solutions in their own lives and in wider society. Reform of welfare and criminal justice systems to focus more on protecting than prosecuting adolescents, as well as providing community and recreational alternatives to custody and punishment, have also emerged, sometimes tentatively, as preferred options. These approaches are more consistent with the recognition of child rights and often

more effective as well. This is another area in which bold political leadership and positive shifts in public opinion need to reinforce one another.

A compelling case for investing in children's progress — and for special efforts for the most disadvantaged

496. Well integrated programmes for children in early childhood and in support of families, especially those in high-risk situations, are now widely understood to be powerful investments and to have lasting benefits both for children and overall economic development. Public spending on basic education and other social services, particularly for girls and women, lays the basis for better use of family planning services, raising the age of marriage, delaying first pregnancy and improving child care and nutrition. Appropriate interventions with adolescents can have profound benefits for children born to young parents. Combining the work of different government agencies and NGOs to invest in children is never easy, but the pay-offs for national development can be great. The 1990s have dramatically increased the evidence that the education and healthy growth of children are crucial for future economic progress and to break the intergenerational cycle of poverty. Investing in children from the earliest years rests at the core of the long-term development of societies.

497. Earlier examples in the present report convince us that special interventions and targets are also needed to reach those children and families who are most mired in poverty, at risk and least able to benefit from economic growth and general social provisions. In all sectors and in country after country, it has been found that such interventions can be effective, in a lasting way, only if they are based on a true understanding of why such risks and exclusion occur. Action should be guided not only by how many children are attending school but also by why some children, often girls or those from minority language groups, are still not attending or succeeding. Why do many adolescents manage to avoid HIV infection, while others, predominantly girls, become infected? Asking such questions may involve facing up to painful realities — such as deep-rooted social attitudes and practices which underlie discrimination and cause children to be harmed. But such questions need to be asked if children and families are not to be left behind.

498. Gaining a good understanding of the causes of poverty and exclusion is to take the first step towards effective actions to tackle these obstacles to children's progress. And this is best gained directly from those who experience exclusion in their daily lives, including children. Poverty and exclusion have many faces and causes, and these have often been underestimated in macroeconomic policies and development strategies that have sought quick, easy and office-based solutions. These are problems that cannot be solved from a distance.

Children and families as participants in development

499. More generally, sustained development and poverty reduction are now seen, almost universally, to require the strong participation of children, women and men in the decisions that affect them — within the family and community and at the local and national levels. People must be viewed and enabled as key actors in their own development. The participation and self-expression of children — based on their evolving capacities and with respect for parental guidance — should be valued by adults in decision-making. Placing resources, information and decision-making

power as close to families as possible is critical to the achievement of positive results. As seen in many community-led schemes, women who are fully involved in decision-making become effective agents for social change. This requires a change not so much in development policy — which has emphasized participatory approaches for many years — but in the skills, attitudes and daily decisions of professional workers, from the nurse and head teacher to the minister of state. Practices that incorporate participation, however, are most likely to be successful when backed by adequate levels of pay, accountability systems and clear signals from political leaders.

500. Interventions in the 1990s have begun to take advantage of the "new resource opportunities" that are rapidly becoming available, through partnerships and the falling cost of new technology in information, communication and medical science. Both the established mass media and newer options in information networking have placed more power at the community level to take action for children. Affordable interventions based on new technologies and public-private partnerships have shown promise when combined with community participation, such as for the prevention and control of malaria, interactive classroom education and the elimination of polio.

501. It is increasingly evident, however, that problems that were often seemingly intractable during the 1990s — such as maternal mortality, protein-energy malnutrition, poor hygiene and sanitation, HIV/AIDS and endemic violence — cannot be resolved through single-sector or "vertical" approaches alone. Such problems are not new but they are often more widespread and entrenched than they were a decade ago. Responses are needed that both empower the people most affected and address the underlying reasons for slow progress. Where access to sanitation has improved, for example, it has involved more than better technology: where people have seen the relationship between safe water, sanitation and health, they have made this a priority in their communities. And this has been possible only when the families who fetch the water and use the facilities become partners in planning and management.

502. As suggested by these examples, the role of parents and the wider family in the care and nurturing of children, particularly in the early years, should never be underestimated. This has often, unfortunately, not been the case in the past, perhaps because these essential front-line contributions to the survival, health, nutrition, cognitive and psychosocial development of children, and to the learning of positive values, are less visible than, say, infrastructure. However, recent approaches in primary health care have once again emphasized the partnerships between families and health workers, while concentrating public resources on the local facilities which serve the majority of families.

Merits of a goal-focused approach

503. In the plans implemented since the World Summit for Children, the merits have also been shown of using goals and targets that reflect specific results for children. Time-bound, well-specified goals and intermediate targets have shown great power to motivate and to provide a platform for partnerships and a basis for regular monitoring and reporting on progress. A strategy that uses goals is not in contradiction with a rights-based approach. Societies that do not register socio-economic progress cannot fully protect and ensure the rights of their children, although they are often capable of doing more. Instead, the challenge is to pursue

clear and widely agreed goals in ways that help advance the rights of children. These include the use of disaggregated targets, participatory practices and locally managed monitoring systems. Such approaches are more likely — through building awareness among families, capacity in communities and accountability between citizens and government — to lead to sustainable achievements.

504. It is true that the ambitious goals and targets that were set at the World Summit for Children were often not matched with adequate resources, thus impeding their full realization. But goals and plans relating to children and women must continue to be ambitious if human progress is to be accelerated and scourges like AIDS and malnutrition are to be banished. To mobilize the necessary resources and avoid consigning child-related targets to the periphery, these goals should be closely linked or integrated with initiatives for human development, poverty reduction, debt relief, decentralization and sector-based reform — poverty reduction strategy papers, sector-wide approaches and UNDAFs included. These wider initiatives can advance an agenda for children by including child-specific targets and indicators, as well as regular progress reviews that are open to the public.

Looking behind the averages to the individual child

505. With the growth of disparities, indicators based merely on national averages become less meaningful and the children who are worst off become even less visible to decision makers. Data used to assess human progress must be systematically disaggregated — including by age, gender, location, family characteristics and income group. Without this, *we will not be able to understand the situation of the individual child or to detect discrimination*. Nor will we be sufficiently informed or pressured to take action in children's best interests. While the present report has described the major improvements that took place in the 1990s, there is still a lack of reliable data to provide information about and for children — including in some key areas in the wealthiest countries. Huge information gaps remain worldwide on such sensitive and emerging issues as child labour, trafficking, childhood disabilities and orphans.

Public action, partnerships and participation

506. At the broadest level, then, the countries that have achieved significant human development progress in recent decades recognized the essential role of sustained economic growth but did not wait for such growth to occur. They made social investments a priority and spent proportionally more on basic social services, viewing investments in education and health as a foundation for development. They spent relatively efficiently and protected these allocations in times of economic decline. They also recognized that special attention must be paid to those who are excluded and most vulnerable — and that interventions that support the advancement of women are critical to human development.

507. Actors in these societies recognized that change was possible, and they mobilized for change. Often, they adopted the cause of children's rights in their advocacy for reform and promoted programmes that focused on all children. Clear and effective policies, combined with child-friendly legislation and systems for accountability, together with an adequate funding and information base, strong political will, broad public-private-community coalitions and attention to the poorest

and most vulnerable, have been found to be central in the 1990s to reducing the gap between promises and action — and to making rapid progress for children.

II. Creating a world fit for children

508. Progress for children can be made and sustained even in the poorest societies, but it will require a serious commitment by political leaders, policy makers, programme designers and service providers to let their actions be guided by the best interests of children. Summoning the political will to redirect resources towards addressing the basic needs of children could make dramatic progress possible within one generation. This means caring for and educating every child, and protecting children from war, exploitation and violence, as well as against such health risks as HIV/AIDS, malaria and other infectious diseases. It means listening seriously to children and their concerns, while protecting the Earth they will inherit.

509. A just and peaceful world is a world fit for children — one in which all children are given the love, care and nurturing they need to make a good start in life, where they can complete a basic education of good quality — and, in adolescence, have ample opportunity to develop their individual capacities in a safe and supportive environment that will help them become caring and contributing citizens. It is the kind of world children deserve — and that we as adults have an inescapable obligation to create.

510. Families and caregivers are the front line of a child-friendly world — and that is why the poverty in which many millions of parents struggle to raise and protect their children must be fought and conquered. Partnerships must be strengthened and extended as platforms of action for children — and children and young people should be enlisted as interested parties, actors and advisers. Policies, legislation, administrative practices and national and development assistance budgets must be scrutinized, with civil society involvement, to ensure that they, too, are child-friendly, and that they address poverty, counter discrimination and reduce inequalities. Private sector contributions, based on principles of social responsibility, should continue to be expanded in support of public action for children. Globalization and its associated technological breakthroughs should be harnessed to work for the benefit of children everywhere.

511. The Convention on the Rights of the Child provides a touchstone and set of standards to guide all policies and actions in addressing the best interests of children. The United Nations Millennium Summit goals and international development targets have set specific and time-bound objectives that must be reached throughout the world if the needs and rights of all children, including the most vulnerable, are to be met.

512. Within the framework of those goals and targets, four key areas of focus are proposed for the new decade: promoting healthy lives; providing quality education; protecting children from abuse, exploitation and violence; and combating HIV/AIDS and the risks it poses to children, their well-being and rights. These represent the most urgent and strategically important priorities in addressing the needs of children.

513. To support these four areas of focus, resources of all kinds and at all levels should be mobilized and shifted from less productive pursuits, such as armed

conflict and wasteful consumption. In each focus area, special efforts should be made, using participatory methods, to reach and include those children who are impoverished, marginalized and vulnerable. Violence against children and harmful acts and discrimination against girls and women should be specifically addressed. We must put an end to the culture of impunity.

514. National leaders, local governments and international agencies should set their own detailed targets, drawing on and adapting those that will be agreed at the special session on children. They should establish priorities for accelerated action and conduct regular progress reviews, using disaggregated data and local feedback, to hold themselves accountable for efforts and progress in these focus areas. In turn, they should be held accountable by their constituencies, including national ombudspersons, CSOs and children themselves.

515. It is now clear to the international community that any successful poverty reduction strategy must begin with the rights and well-being of children. A society whose children are malnourished, abused, undereducated or exploited cannot truly claim to be progressing or to be developed, however impressive its economic growth or per capita income levels might be.

516. It is children whose individual development and social contribution will shape the world's future — and it is through children that entrenched cycles of poverty, exclusion, intolerance and discrimination can be broken for succeeding generations. This is the vision that inspired the World Summit for Children — and generated a global principle of a "first call for children" as a guide to public policy, allocation of resources and practical activity.

517. In the dawn of the twenty-first century, the normative framework, the communications capacity, the technical know-how and the financial resources — even while poorly distributed — exist for the world to be able to act in concert on the understanding that children are central to humanity's progress. It is no longer a question of what is possible but of what is given priority. Those who have the responsibility and resources to act may find more urgent issues for their attention — but there is no issue more important than the survival and full development of our children.

Annex I

National reports on follow-up to the World Summit for Children received as of 4 May 2001

African States (40)	*Asian States (30)*	*Eastern European States (18)*	*Latin American and Caribbean States (17)*	*Western Europe and Other States (23)*	*Observers (3)*
Algeria	Bangladesh	Armenia	Argentina	Australia	Holy See
Angola	Bhutan[d] (statistics only)	Azerbaijan	Chile	Austria[d]	Palestinian Authority
Benin	Brunei Darussalam	Belarus	Colombia	Belgium	Switzerland
Botswana[d]	Cambodia	Bosnia and Herzegovina	Cuba	Canada	
Burkina Faso	China	Croatia	Dominica	Denmark	
Burundi	India	Czech Republic	Ecuador	Finland	
Cameroon	Indonesia	Georgia	Grenada	France	
Cape Verde	Iraq	Latvia	Guatemala	Greece	
Central African Republic	Islamic Republic of Iran	Lithuania	Guyana	Iceland	
Chad[d]	Jordan	Poland	Jamaica	Ireland	
Comoros	Kazakhstan	Republic of Moldova	Mexico	Israel	
Côte d'Ivoire	Kyrgyzstan	Romania	Nicaragua	Italy	
Democratic Republic of the Congo	Kuwait	Russian Federation	Paraguay	Liechtenstein	
Djibouti	Lebanon	Slovak Republic	Saint Lucia	Luxembourg	
Egypt	Mongolia	Slovenia	Suriname	Monaco (statistics only)	
Ethiopia	Myanmar	The former Yugoslav Republic of Macedonia	Uruguay	Netherlands	
Gambia	Nepal	Ukraine	Venezuela	New Zealand	
Ghana	Oman	Yugoslavia		Norway	
Guinea-Bissau	Pakistan			Portugal	
Guinea	Papua New Guinea			Spain	
Kenya	Philippines			Sweden	
Lesotho[d]	Qatar			Turkey	
Malawi	Saudi Arabia			United Kingdom[d]	
Mali	Sri Lanka				
Mauritania	Syrian Arab Republic				
Mauritius	Tajikistan				
Morocco	Thailand				
Namibia	Uzbekistan				
Niger	Viet Nam[d]				
Nigeria	Yemen				
Republic of the Congo					
Senegal					
Sierra Leone					
South Africa					
Togo					
Tunisia					
Uganda					
United Republic of Tanzania					
Zambia					
Zimbabwe					
Total reports received: 131					

Note: D = draft report.

Annex II

United Nations system and other agency reports on follow-up to the World Summit for Children received as of 4 May 2001

Acronym	*Full name of agency*
CRC	Committee on the Rights of the Child
ESCAP	Economic and Social Commission for Asia and the Pacific
FAO	Food and Agriculture Organization of the United Nations
IAEA	International Atomic Energy Agency
ILO	International Labour Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
UNDCP	United Nations International Drug Control Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNV	United Nations Volunteers
WIPO	World Intellectual Property Organization
World Bank	World Bank
WHO	World Health Organization